

Weight Loss Methods and Eating Disorder Risk Factors in Collegiate Wrestlers

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ABSTRACT

Purpose: The purpose of the study is to investigate the weight loss of collegiate wrestlers and assess their risk for eating disorders (ED). **Methods:** Wrestlers were recruited by contacting the athletic trainer (AT) at the institution they wrestled. ATs who agreed to participate were sent an electronic link containing a survey, 143 wrestlers provided usable data. The survey was created from two surveys one allows the athlete to describe his eating behaviors and the ATHLETE questionnaire which measures risk for ED. We analyzed the data using descriptive statistics and frequencies. **Results:** 76.6% of wrestlers indicated binge eating; eating behaviors are similar to those in previous literature including gradual dieting, restricting food/fluids, fasting, and exercise. Wrestlers in this study do not appear to be at risk for ED. **Clinical applicability:** Wrestlers display dangerous eating behaviors but are not at risk for ED. **Key Words:** Disordered eating, anorexia, bulimia, body image

PREFACE

I am very thankful for the research experience I have been able to obtain at Indiana State University. The faculty at ISU has been very support and willing to allow me to explore my own ideas and be creative coming up with the topic of my thesis. I started wrestling my freshman year in high school and continued to compete for the next eight years of my life. From the moment I joined the team I was surrounded by wrestlers who cut weight and by my junior year in high school I was cutting weight myself. My teammates and I spent countless hours together talking about food: about how many calories we had eaten, how many we had left and how much water we were drinking. We would plan our post weigh-in meals down to the smallest detail. We would discuss how much running we planned for after practice or on out days off, and how many layers of clothing we were wearing at practice to sweat more. I always knew that cutting weight was unhealthy but I didn't realize how unhealthy until I started athletic training classes.

My personal experiences with wrestling lead me to be curious about trends in wrestling across the nation. I knew from personal experience as well as from anecdotal stories from teammates the negative effects of cutting weight. As an athletic trainer I knew the warning signs of an eating disorder and although I knew wrestlers displayed some signs of an ED I was unsure if the group was at risk. I had heard stories from other athletic trainers and other athletes of wrestlers who had been through therapy and were battling diagnosed ED but I had never met one personally. I wanted to know if the increased risk for ED in wrestlers was exaggerated because

of the behaviors or if the risk was a real one. My curiosities lead to the development of this thesis and I am very grateful to Dr. Kahanov who gave me a chance to explore my own ideas.

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I have been blessed to work with an amazing chair and committee for the past three years. Dr. Kahanov has been supportive of my ideas from the beginning and I am grateful that she was willing to venture outside of her normal line of research to try something new. Without her willingness this project would never have gotten off the ground. Dr. Kahanov has been patient through countless edits, questions, and missed e-mails, she has been supportive and also given me a kick when I needed one. Dr. Kahanov has answered thousands of my questions but has also helped me to answer my own questions, she has helped me to become a better critical thinker and a better writer through this process. This project has taken much longer than it had any right too and I am thankful that Dr. Kahanov has not once waived in her belief that I could finish it, as long as I got my act together.

My committee has been extremely helpful during this entire process. There have been countless edits and false starts and my committee has been patient through all my blundering. Dr. Eberman especially has helped repeatedly to make sense of statistics when I have made a mess and has even helped as an impromptu movie director. She has been patient and understanding when I simply needed to think out loud and helpful during all of my computer issues.

Dr. Hinton has also played a helpful role in the execution of this project. Dr. Hinton is the creator of the ATHLETE questionnaire, which is designed to measure risk for eating

disorders in the athletic population. Dr. Hinton gave permission for me to use her questionnaire in this study which was tremendously helpful because athletes are a special population.

I am also thankful to the faculty and staff of the athletic training program at ISU. They are so understanding and willing to help any student regardless of if they are a part of the student's committee.

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CHAPTER 1

INTRODUCTION

Eating disorders (ED) are life threatening health care issues that will affect an estimated 4.4% of the adult population in the United States annually.¹ ED typically develops in adolescence or early adult/college years and can affect individuals over a lifetime both from associated chronic illnesses or a continued battle with the disorder.¹ ED affects most bodily systems causing a wide range of health care issues from arrhythmias in the heart to hair loss and muscular fatigue. In extreme cases ED can be fatal;^{2,3} in milder cases, the long term effects can result in persistent fatigue, nutritional deficits, and gastrointestinal disturbances. In addition, individuals with ED can incur psychological effects such as distorted self-image and social withdrawal often perpetuating underlying psychological issues.²

Certain populations, such as females, are more at risk to develop an ED.⁴ In addition, female teenagers and individuals in their 20's are more at risk to develop an ED than females from an older age group.^{1,2} The reason females of the college age group are more at risk for ED compared to other groups is unknown but it is believed to be related to cultural pressures to be thin which are propagated by the media.⁴ The athletic population differs slightly from the general population in that athletes may have an increased risk for ED.⁵⁻⁷ Research outcomes are varied regarding the rate of increased risk for ED in athletes due to competitive pressures.⁵⁻⁷

Non-athletes must manage societal pressures and social interactions but athletes are faced with added stressors.⁵⁻⁷ The pressure to perform and emulate perfection in physical health combined with the natural tendencies of athletes to have perfectionist personalities may lead to athletes losing weight in order to perform and look better.⁵⁻⁷ While weight loss could simply be dieting, unnecessary dieting is often a precursor in the development of an ED whether clinical or subclinical. The possibility also exists that participation in sports may increase the athlete's self-esteem and therefore make him or her less at risk for developing an ED.⁸⁻¹¹ The dichotomous effects of athletic participation is continually evaluated, however ED among athletes appears to have an increased rate of occurrence compared to the general population.¹²

Despite contradictory research on the topic of the general athlete and ED a consensus exists that some athletic subgroups have an increased risk for development of ED. Athletes who participate in lean or aesthetic sports appear to be more susceptible to ED.^{2,6,11} A larger body of evidence regarding cross country and gymnasts is available;^{2,6,11} however what is less understood, and perhaps because of gender, is ED in wrestling.

Male wrestlers are an under researched population with respect to ED, yet they are still at risk for an ED.¹³⁻¹⁶ The practice of "cutting weight" is common across all levels of wrestling and therefore may constitute disordered eating.¹³⁻¹⁶ In addition, the sport of wrestling is regulated by weight classes which can increase an individual's focus on weight and performance thereby increasing the risk for an ED.^{2,11} Cutting weight itself is a dangerous practice, yet combined with the risk for an ED can negatively affect the short and long term health of an individual.¹⁷ Increasing an understanding of causes and perspectives of the athletes participating in wrestling may aid in prevention and treatment of athletes with ED.¹³ The purpose of this project is to

investigate the weight loss methods of collegiate wrestlers and compare these methods to past studies.

Research Questions

1. What weight loss methods do in season wrestlers use during season?
2. Are wrestlers predisposed to eating disorders?
3. Is the ATHLETE questionnaire valid for use with wrestlers?

Conclusion

Wrestlers are an athletic population at risk for an ED based on the importance the sport places on weight management and the extreme techniques employed to “make weight”. Despite the inherent ED that can occur in wrestling, a dearth of published literature exists.

Understanding the weight loss habits of wrestlers, their perceptions of weight management and ED, and the changes in weight management that may occur throughout the season, may aid in better identifying and treating in season wrestlers. The purpose of this study is to examine the weight loss methods in collegiate wrestlers and assess risk for ED.

CHAPTER 2

LITERATURE REVIEW

Eating disorders (ED) in athletics represent a unique problem in that athletes are expected to maintain strict physical proportions, adhere to a strict diet and at the same time perform at their peak level of competition.¹¹ Athlete subpopulations such as cross country athletes, cheerleaders, and wrestlers are at an increased risk to develop an ED.¹¹ Although there is knowledge regarding cross country runners and cheerleaders, research related to wrestling is lacking. The purpose of this study is to examine the weight loss methods in collegiate wrestlers and assess risk for ED. This study also aims to validate the use of the ATHLETE questionnaire in male wrestlers.

Search Strategy

The researcher used an online search of CINHALL, Medline, Pubmed, and the National Institute of Mental Health. Key words used were: Eating Disorders, Disordered eating, Anorexia Nervosa, Bulimia Nervosa, Wrestlers, Athletes, Weight control sports, Weight loss practices, NCAA wrestlers, NCAA regulations on weight loss, Risk factors for eating disorders, Risk factors for disordered eating, Diagnosis of eating disorders, and Evaluation of eating disorders. Cross referencing was also used to find additional sources. A total of 139 journal articles were found through the search, of these articles 46 were found to contain pertinent information and

were used for the study. The other 93 articles were eliminated due to the population examined or the variables measured. Many studies were eliminated because the population was not American while other studies measured items, such as glucose levels in the blood, which were inappropriate to compare with the variables in this study.

Eating Disorders in General

ED is a disturbance of eating habits or weight control behavior that could result in clinically significant impairment of physical health or psychosocial functioning.¹¹ ED is an umbrella term which encompasses several specific disorders such as anorexia nervosa (AN) bulimia nervosa (BN) and eating disorders not otherwise specified (EDNOS). EDNOS includes binge eating disorders, as well as subclinical AN or BN and body dysmorphic disorder.¹⁸ An estimated 4.4 % of the adult population will suffer with an eating disorder which typically develops in adolescence or early adult/college years.¹ Although this national average may seem low, some evidence suggests that ED is higher in wrestlers. Rates of ED in wrestlers constitute 1.7-7% for bulimia nervosa (BN) which is higher than the national average of a twelve month prevalence of .3 % of the United States population and a .6% lifetime prevalence.¹ This study will address the increased rates of ED in wrestling and will provide more insight into ED in wrestling.

Anorexia Nervosa (AN)

AN is characterized by the refusal to maintain proper weight based on height and age accompanied by an intense fear of gaining weight or becoming fat.² Disturbances in the way the individual's weight or shape is perceived including undue influence of weight or shape on self-evaluation and amenorrhea in post-menarche females is a characteristic of AN.² AN is

multifaceted, it is possible to have the restricting type (AN-R) or the binge/purge type (AN-BP). AN-R is any episode of AN which does not include bingeing or purging while AN-BP includes bingeing or purging.² The rates of AN are unknown specifically within wrestling though it is possible for wrestlers to have behavioral tendencies which may mimic AN. What is better understood is bulimic behaviors of wrestlers.¹³⁻¹⁶

Bulimia Nervosa (BN)

BN is characterized by recurrent episodes of binge eating and recurrent episodes of inappropriate compensatory behaviors in order to prevent weight gain.² The Binge eating and inappropriate compensatory behaviors occur on average at least twice a week for three months, and are also accompanied by undue influence of shape and weight on self-evaluation and cannot occur exclusively during episodes of AN.² Like AN, BN is categorized into two classifications the purging (BN-P) and non-purging (BN-NP). BN-P is characterized by the compensatory behavior of purging, such as vomiting or the use of laxatives. In the non-purging type (BN-NP) individual use non-purging methods of compensation such as fasting or excessive exercise.²

Eating Disorders Not Otherwise Specified (EDNOS)

EDNOS is an umbrella term which is used to classify individuals who have disordered eating habits but may not meet the criteria for AN or BN.² For example a female with a regular menstrual cycle who met all the other criteria for AN would be classified under EDNOS, or an individual who met all the criteria for BN except for the required frequency of bingeing and purging would also be classified within EDNOS.² Research regarding wrestling does not typically diagnose the athletes with a clinical disorder but rather monitors the behavior of the athletes to measure similarities between the wrestler's behavior and typical behavior of ED.¹³

Eating Disorder Effect on Bodily Systems

ED have the potential to injure most bodily systems and can also have drastic and detrimental effects on an individual's mentally. An ED can cause bradycardia, hypotension, atrial and ventricular arrhythmias, electrocardiographic abnormalities and acrocyanosis within the cardiovascular system.² The negative cardiovascular effects could result in sudden cardiac arrest/death due to the arrhythmias and electrocardiographic abnormalities.² A link between ED and cardiovascular disease also exists due to the increased stress and weakening of the heart musculature.¹⁹ Continued participation in unhealthy eating habits and disorders related to athletic participation can result in life threatening illnesses.

The endocrine system is affected much like sex hormones and is decreased so puberty is delayed. Individuals with ED may experience hypoglycemia, as well as decreased bone mass also known as osteoporosis. The decrease in amount of calories consumed when an ED is present can lead to hypoglycemia which leads to low energy availability. Decreased energy is problematic for athletes who rely on high energy output to perform at their highest capability. An ED can also result in abnormal levels of fatigue based on the individual's lifestyle and muscle weakness.² Chronic fatigue is problematic in the athletic population for individuals who requires more energy in their daily life than the average American does in order to compete in their sport activity.^{2,11} Athletes require considerable muscular strength and power, wrestling in particular is a sport in which often the stronger opponent wins and is less likely to incur secondary injuries.^{13,16} Therefore decreases in muscular strength and energy would be a detriment for an athlete and a wrestler who would not be able to compete at an equal level with opponents.^{13,16}

Osteoporosis may also develop secondary to an ED and when untreated can result in increased fractures stress fractures and, in the long run, can cause mobility difficulties in an individual.² Athletes with fractures lose valuable time from their sport activity and must progress through a rehabilitation process. The increased risk for fractures may be important in the sport of wrestling which is a high impact sport and considered high risk by the NCAA.²⁰ The classification of high risk means that wrestlers are already at an increased risk for fractures compared to lower risk athletes and non-athletes. Wrestlers with an ED could compound the risk of fracture because of the decreased bone mass.

Due to the nature of ED, the individual with also suffer from imbalances in electrolytes and fluids which may manifest as hypohydration, muscle cramping, hypokalemia, or metabolic alkalosis.^{21,22} Imbalances in electrolytes and fluids can negatively affect the neurological system, vascular system and muscular system. Hypo-hydration (the state of having decreased fluid within the body) decreases an athlete's muscular strength which can negatively impact the athlete's ability to compete.²¹ Hypo-hydration also negatively impacts the vascular system by decreasing the volume and increasing the viscosity of the available blood supply.²² Decreases in the volume of blood result in increases in the viscosity of the blood. Increases in blood viscosity cause the heart and the entire cardiovascular system to work harder than necessary as the blood becomes more difficult to circulate and there is less blood available to the body; this further contributing to the cardiovascular problems by increasing the stress placed on the heart.²² Athletes participating in practices or competition are already increasing the workload of the cardiovascular system and also become hypo-hydrated through physical exertion which exaggerates the negative effects.²² The negative effects of dehydration place additional stress on

the cardiovascular system on top of the stress athletes are already under potentially increasing the risk for muscular cramping, hyperthermia and CVD or sudden cardiac death.²²

The dermatological system is also affected by ED, with hair loss, dry and brittle nails or lanugo and the oral/facial system with dental decay, pain in the pharynx and swollen parotid glands as primary characteristics. Hair loss and dry brittle nails are a manifestation of the nutritional imbalances from a poor diet. Although these symptoms are undesirable for an individual the true problem is the repercussions of decreases in necessary nutrients, vitamins and minerals.² Decreases in vital nutrients can lower the immune system and decrease the ability of individuals to heal in a normal time frame.²³ Athletes must maintain adequate nutrition in order to be a healthy participant in athletics where the body is continually physically taxed. Ultimately if left untreated an ED may result in the death of the individual. Mortality rates of AN are 5.9% with deaths occurring from direct effects of AN as well as suicide.³

Psychological Effects of ED

In addition to the physical effects, an ED can have emotional and psychological effects on an individual.² The individual may become depressed or withdrawn, especially in social settings or if food is involved. This social withdrawal not only decreases the individual's quality of life it also complicates diagnosing ED, delaying the time until he or she can receive treatment.² Athletes may display depression by withdrawing from the team atmosphere and team activities.² He or she may also suffer from increased levels of agitation or anxiety and may have disrupted sleep patterns.² The athlete may also become restless, compulsive or begin to abuse substances, whether illegal drugs, prescribed medication or over the counter medications.² Substance abuse may disqualify athletes from participation if they were to fail a drug test, and

also forms lifelong addictive habits in those who abuse them, decreasing an individual's quality of life and causing negative medical side effects.²

Prevalence

ED can affect any individual but the disorder usually begins in adolescence.⁴ ED are approximately 10 times more common in females compared to males.²⁴ The lifetime prevalence of AN is .6% of the adult population, BN affects 1% of the population and binge eating disorders affects 4% of the population.⁴ The rates identified by Hudson et al. closely resemble statistics presented by the National Institute of Mental Health which claims that 4.4% of the adult population within the United States will suffer from an ED.¹ Females tend to have an increased risk for an ED, however, as a population, college students are also at an increased risk for ED, and this risk increases after the first year of college.²⁵ Perpetual and severe dieters have been identified as 18 times more likely to develop an ED.²⁶ The culture of the sport of wrestling considers dieting and fasting to be a normal and necessary part of the sport in order to compete at the smallest weight possible.¹³⁻¹⁶ The idea that dieting and fasting is so ingrained in the sport indicates one of the reasons why wrestlers are at an increased risk for ED and why more information is needed on the topic of ED within wrestling.¹³⁻¹⁷

Males versus Females ED Population

Although females are more at risk for development of an ED, males do represent about 10% of the cases of ED within the general population.²⁴ Overall there are few differences between males and females with ED. In fact physically males and females become more similar the further the disorder progresses as the sex hormones decrease and both genders become more asexual.²⁷ Some evidence suggests that males may have increased loss of bone mass compared

to females.²⁸ The difference in the effects of bone mass on gender has an impact on collegiate wrestlers as the population is mostly male.

Despite the physical similarities, some differences exist socially and emotionally between males and females with ED. Males are more likely to have been obese before the onset of the disorder.^{18,24,27,29} In addition males typically have different reasons for the development of an ED. Males are more likely to develop an ED as a way to improve physical performance, prevent health problems a family member suffered from or to improve gay relationships.²⁷ In addition females usually desire a change in their appearance from the waist down while males are more likely to want to change from the waist up and can be sensitive to increased abdominal fat.²⁷ Males with ED often desire to either lose weight or gain weight to become more muscular (a characteristic of body dysmorphic disorder) compared to females who almost always want to lose weight.^{18,24,27,29} Similarly, males are more concerned with body composition where females are more concerned with the actual number on the scale.^{18,24} Perhaps because of the different views of body composition is the males are more likely to see dieting as a means to an end while females see dieting as the end.^{18,24} Males are more likely to use dieting to meet a goal, which is most likely related to physical appearance whereas females are more likely to diet continually for the sake of dieting.¹⁸ Females are more likely to continue dieting regardless of the numbers seen on the scales. Males are also more likely to use active compensatory mechanisms such as excessive exercise and are more ritualistic while females are more likely to use passive methods such as laxative abuse and are more likely to hoard food.^{18,24,30,31} Males also do not perceive themselves as fat until they reach a higher body mass index when compared to females and also score lower on tests which are designed to judge an individual's drive for thinness.²⁷ In addition,

females are more likely to recognize the problem and seek treatment, and males are more likely to be misdiagnosed with a different psychiatric disorder and therefore not receive the proper treatment or referral.²⁴ The differences between genders mentioned above are part of the reason it is difficult to identify a male with an ED, particularly male athletes.

Socially, ED are more acceptable for females as a result it is more common for females to self-report than it is for males.³² Males are also more socially secretive about ED due to the stigma that it is a female disorder.²⁹ Males are also more likely to have the absence of premorbid sexual activity³⁰ engage in defensive dieting after an orthopedic injury and are more likely to come from a family which minimizes conflict in unhealthy ways.²⁹ Sexual abuse is a common history for females with ED but is not as common among males. Males with ED are more likely to have sexuality or gender identity issues.^{29,30} Males who have recovered from an ED have also demonstrated higher rates of drug and alcohol abuse later in life.²⁹ Males with an ED are also likely to be single and report that their parent's relationship is poor.³⁰ Wrestlers may be different than their non-athletic male counterparts. Dieting, fasting, and extreme weight loss methods are commonplace and accepted in wrestling.¹³⁻¹⁶ Wrestlers are not secretive about how they lose weight as cutting weight is such a big part of the culture of wrestling. Often team mates will engage in unhealthy weight loss together, such as extra exercise.¹³⁻¹⁶ Differences between wrestlers and the non-athletic male can make identifying a wrestler with an ED more difficult.¹¹ Recognizing a male with an ED can be difficult due to the psychological and social differences between males and females. Most of the tools used to identify an individual with an ED target problem areas which are more common in females compared to males, complicating recognition in males. Difficult diagnostic criteria such as weight concerns rather than body composition and

emphasis on the wrong forms of weight control make the tools used to identify individuals biased towards women and complicating diagnosis in males.²⁴ In addition, the social context for weight loss in wrestling differs from most ED precursors further complicating recognition.

Eating Disorders in Athletes

ED poses a unique problem in athletics because the athletic lifestyle, particularly in college, can sometimes mimic the symptoms of an ED. Athletes often have strict diets and can be ritualistic in what they eat particularly before a competition.¹¹ Combining the strict diet with intense and sometimes long practices suggests that an athlete's normal lifestyle can be similar to that of an individual with an ED.¹¹ The similarities between an ED and the normal athletic lifestyle may contribute to mal-evaluations of athletes with symptoms of ED. Although the physical symptoms of an ED are the same between athletes and non-athletes practitioners should focus on the differences between the athlete and non-athletic population. Athletes with ED may have increased rates of injuries, decreased metabolic rate due to weight cycling or a decrease in lean muscle mass.¹¹ An athlete with an ED may not fit the stereotypical ED physical build due to the nature of his or her sport. All sports require certain physical characteristics and as such the athlete may have an ED but still look physically the same as his or her teammates.¹¹

Identification becomes more difficult when the individual with an ED still appears healthy and physically similar as his or her peer. Health care professionals should remember to consider more than physical appearance when identifying athlete with a potential ED. Wrestlers often appear to be healthy and fit individuals, also because wrestling is a sport in which shorter competitors often have an advantage many wrestlers may have a normal BMI due to anthropometric measurements even when body fat is too low.¹⁴

Controversy over the treatment of ED in athletes exists regarding continued participation in sport activity.² Some research suggest that athletes have a healthier self-image and higher levels of self-esteem as a result of sport participation and therefore have a decreased or normal risk for an ED.^{8,9} Martinsen et al.¹⁰ suggests that more non-athletes diet compared to elite athletes. Caution should be used when examining the results of Martinsen et al.¹⁰ Since it compared elite athletes with non-athletes, particularly since 82% of the controls participated in sports, just not at the international or national level. The lack of a control group which was not athletic means that the comparison cannot be made between athletes and non-athletes.¹⁰ Research suggests that athletes are at an increased risk for an ED particularly athletes in lean or aesthetic sports.^{6,12} Lean sports are sports which an individual who is leaner or has decreased levels of body fat will be able to compete better such as cross country or a sport which is regulated by a weight class such as wrestling. An aesthetic sport is one in which an individual's performance may be affected by the way he or she looks such as cheerleading or gymnastics. Although the research involving athletics in general and ED is mixed, the research pertaining to lean and esthetic sports indicates a clear link to an increased risk of ED.^{6,11,12,33} Wrestling is a sport regulated by weight and therefore is considered a lean sport and wrestlers would fall into the category of being at risk for an ED.

The increased stress to perform and the pressure to fit the mold of the ideal image of fitness may place athletes are under increases the risk for an ED.⁶ There is evidence that both males and females athletes had higher rates of ED compared to male and female non-athletes.¹² Lean sport athletes, both male and female, have the highest rates of ED but non-lean athletes' rates of ED, both male and female, are still higher than non-athletes rates of ED.⁶ Nine and a

half percent of male athletes at the division one level were at risk for AN and 38% of male athletes were at risk for BN with almost 12% of the males meeting the full criteria for diagnosis of BN, a number much higher than the national average of adults who have been diagnosed with BN.³³

The term anorexia athletica (AA) was developed because of the differences between ED in athletes and non-athletes. AA is defined as a state of reduced energy intake and reduced body mass despite high physical performance.¹¹ Athletes often have different reasons for developing an eating disorder and most often it is to improve performance.^{2,11} AA is not recognized as an established and unique form of ED but can be helpful in describing the effects of an ED of a subclinical ED on an athlete. The criteria for AA includes that the loss of body mass or body fat is related to increasing performance and not based on the appearance of the individual or excessive concern over body shape.¹¹ The loss of body fat leads to a thin physique and AA and should not be detectable at the end of the season or the athlete's career.¹¹ Individuals with AA may begin dieting because of prompting from a coach.¹¹ Weight cycling is also a common trait for the athlete with AA. AA might overlap with another ED as its characteristics are similar to AN or BN.¹¹ The description of AA is particularly relevant in the wrestling population as wrestlers typically lose weight to qualify for a lower weight class conceptually thinking that participation in a lower weight class will increase the individual success within the sport. This study aims to better understand why wrestlers perceive the need to lose such drastic weight and evaluate whether weight loss behaviors in wrestlers constitute ED.

Eating Disorders (ED) in Wrestlers

Wrestlers are a unique group within athletics because the sport is regulated by weight class where common practice is to qualify for the lowest weight class possible in order to have a physical advantage against the competition.¹³⁻¹⁶ In order to qualify for a lower weight class wrestlers often participate in what is known as “cutting weight”.¹³⁻¹⁶ Cutting weight is a process which wrestlers lose a large quantity of weight over a relatively short period of time. Usually cutting weight involves weight loss methods which are unhealthy at best and dangerous at worst.³⁴ Evidence indicates that wrestlers may be at an increased risk for ED even compared to other lean sports particularly martial arts and long distance running because of the rapid weight cycling.¹⁸ Wrestlers have also proven to have higher restricting and purging scores on subscales in the Eating Disorder Inventory 2 test (EDI-2) which is a self-report questionnaire designed to measure an individual’s risk for an ED.³⁵ Wrestlers have also scored higher on the eating attitudes test (EAT) when compared to rowers even though both sports are regulated by weight and considered lean sports.³⁶ The culture of wrestling not only accepts unhealthy weight loss but promotes it based on the belief that the weight loss will help to improve success.¹⁵ Wrestlers often believe that they are able to lose large percentage of weight and quickly regain the weight in order to gain an advantage over an opponent. Evidence indicates that wrestlers who lose the most amount of weight have more success than those who lose less weight though it is unknown if the success is due to the actual weight loss or if the weight loss is due to the culture of wrestling and those individuals who are more experienced have more success and also lose more weight because they have been exposed to the culture of the sport.^{37,38} The success of the wrestlers who lose weight has only been demonstrated at the high school level not at the college

level. This study aims to better understand which wrestlers are at risk for an ED in order to better identify and prevent ED.

The National Collegiate Athletic Association (NCAA) and high schools do have rules in place which are meant to limit the amount of weight a wrestler can lose during a season in order to prevent ED and the unhealthy side effects of inappropriate weight loss.³⁹ Weight loss methods include a hydration test as well as body composition in order to measure what an athlete can safely lose and how he or she can lose the weight.³⁹ Although research has indicated that the rules set by the NCAA did improve the weight loss in collegiate wrestlers somewhat⁴⁰, the evidence suggests that wrestlers at all levels are still participating in unhealthy and dangerous weight loss methods.¹³⁻¹⁶ Research indicates that wrestlers will continue to use unhealthy weight loss methods despite changes in sport regulations. In order to better prevent dangerous weight loss and protect the health of the wrestlers, understanding the wrestler's mentality may benefit practitioners. Understanding wrestler's eating disorders may allow practitioners to identify wrestlers and risk and promote a healthier method to compete at a more appropriate weight class. Several studies suggest weight loss methods in wrestlers which are alarming.¹³⁻¹⁶ Kinningham et al.¹⁵ studied high school wrestlers and identified that 50% of the wrestlers lost between 5 and 10 pounds while another 27% of wrestlers lost between 10 and 20 pounds during the season. In addition, 5 days before a match, 62% of the wrestlers lost more than 5 pounds and another 16% lost more than 10 pounds in five days.¹⁵ The methods of losing weight included fasting for 24 hours or longer before a match (11%) and 25% restricted food 3 or 4 times per week. Overall 72% of the wrestlers used at least one method of losing weight from fasting to increasing exercise to laxatives or vomiting but 36% used 3-4 different methods and 12% used 5 or more

methods of losing weight.¹⁵ The practices of the wrestlers are dangerous physically and mentally. The practice of cutting weight decreases cognitive function in wrestlers though the effect was decreased when the athletes were placed under competitive stress.⁴¹ In 1997 three collegiate wrestlers died due to complications from cutting weight.⁴² The weight loss practices of wrestlers depicted in the literature are alarming but it is possible that the weight loss methods have changed since they were last examined. This study will reexamine weight loss methods to assess what methods are currently employed by collegiate wrestlers.

The culture of wrestling accepts and promotes prolonged fasting and dieting. The eating disorder culture is established early in an individual's career. The average weight lost by a high school wrestler to make weight has been reported to be 4 kg (8.8 lbs.) with a weekly weight cycling of 2.3 kg (5.06 lbs.).¹⁶ The primary means of weight loss is extra exercise combined with fluid and food restriction.¹⁶ In addition, 2.8% of wrestlers met the criteria for a diagnosis of BN and that 50% engaged in binge eating.¹⁶ Oppliger et al.¹³ identified that 1.7% of high school wrestlers meet all of the criteria for BN and 7.3% met 4 out of the 5 criteria for the disorder. Oppliger et al.¹³ also demonstrated that two thirds of the wrestlers use increases in exercise to lose weight and 40% used gradual dieting. In addition, more than 25% reported using a rubber suit and 16% reported using a sauna to lose weight. The use of a rubber suit or a sauna are both are methods which decrease the individuals fluids and cause weight loss through dehydration which is dangerous at best and deadly at worst.¹³ Understanding the methods that wrestlers use to lose weight can help practitioners to better identify and prevent inappropriate behavior. Weight loss methods in collegiate wrestlers have not been examined as thoroughly as high school athletes. Almost 80% of collegiate wrestlers used gradual dieting and 75% increased the

amount of exercise.¹⁴ In addition 45% of wrestlers restricted food and 20% restricted fluids in an effort to lose weight.¹⁴ The results are not surprising given that athletes are acculturated in high school and practice these techniques in the collegiate setting. The average maximum weight lost to make weight was 5.3 kg (11.66 lbs.) with 17% of the wrestlers losing 6.8 kg (14.96 lbs.) or more. On a weekly basis the wrestlers averaged a loss of 4.3% body weight.¹⁴ The results are alarming but because this study examined wrestlers in the 1999-2000 season it is unknown if methods have changed in the ten years since this study was performed. This study will re-examine the issue of weight loss in collegiate wrestlers in order to see what has changed, it is possible that the weight loss measures of wrestlers has increased in severity which would put the current population of wrestlers at an increased risk for ED over their predecessors.

Wrestlers are now limited in the amount of weight they are allowed to lose yet they still engage in unhealthy and dangerous weight loss practices which increase health risks and place the wrestlers at risk for an ED. Understanding both the methods the wrestlers use as well as the culture of weight loss is important in order to educate the athletes on how to make healthier life choices, as well as provide more information to health care professionals on recognition and management of wrestlers with an ED or who are at risk. Additional knowledge would help wrestlers to receive treatment when needed and would provide insight into the reasoning behind the development of an ED.

Athletic Trainers and Coaches

Individuals closest to the athletes may not have enough information or confidence to identify and athlete with an ED or to know the proper referral process with an athlete who needs help regardless of the known ED issues among wrestlers.⁴³⁻⁴⁵ AT and coaches are often the first

individuals to notice an athlete who may have ED and are often persons the athlete will confide their problems. Thus coaches and AT are in excellent positions to identify athletes who may be at risk for an ED. In fact coaches have been reported by athletes as a major source of information on nutrition and how to lose weight in wrestlers, as well as a source of pressure to lose weight in order to perform better.^{10,13-15,35} Coaches play a role in an athlete's life and career but evidence suggests that coaches lack understanding and knowledge of what an ED is.⁴⁵ Coaches should look out for the well fare of their athletes but within wrestling coaches may encourage dangerous and unhealthy behavior.^{10,13-15,35} A better understanding of ED may help coaches to recognize the need for change within the sport psyche for the well-being of the athletes.

Coaches and AT are individuals who consistently interact with athletes making them ideal individuals to identify ED. Research suggest that athletic trainers are not educationally prepared to identify and treat ED properly.⁴³⁻⁴⁵ Thompson et al.⁴³ identified that only about 25% of AT reported they felt confident in their ability to identify an athlete with an ED.⁴⁶ Whitson et al.⁴⁴ identified 77% of AT felt confident they were able to identify an athlete with an ED; however, only 4.3% of the surveyed group were able to correctly identify all of the risk factors on a knowledge quiz and only 12.8 and 23.6% were able to identify the warning signs of an ED and purging techniques respectively. Despite the lack of knowledge over two thirds of the AT believed it is important for the AT to be able to identify an athlete with an ED and a similar number of AT reported personal experience with an athlete suffering from an ED.⁴⁴ Coaches also demonstrate a lack of knowledge in identifying and the proper course of action for athlete with an ED. Thirty one percent of coaches scored between a 70 and 79% on a knowledge test,

and 24.6% scored between a 60 and 69%, only 4.3% of coaches scored above a 90%.

Interestingly this study also suggested that the subject areas which the coaches were most confident in were the areas which they had the least amount of information.⁴⁵ Male athletics is not a population which has been investigated to the extent female athletics has been researched. Increasing the amount of information available regarding male athletes and ED may help to improve the confidence and knowledge base of both athletic trainers and coaches.

Conclusion

Wrestlers are an athletic population who are at risk for an ED. Numerous studies on ED in the athletic exist^{5-18,32-36,40,47} but there is a lack of information regarding wrestlers. Additional information regarding wrestlers and ED would help health care professionals to better prevent ED from developing and would help health care professionals to better understand the mentality behind why wrestlers use such dangerous weight loss methods. By better understanding the weight loss habits of wrestlers and the changes throughout the season it will be easier to treat individuals with an ED.

CHAPTER 3

METHODS

Text Wrestling is a sport where a large emphasis is place on wrestler's weight to ensure competition fairness and safety. Wrestlers believe that the lighter they are the more success they will have in the sport regardless of the negative consequences.^{13,15} Most wrestlers have a low body fat percentage during the competitive season and therefore additional weight loss may be accomplished via unhealthy means.¹³⁻¹⁵ Although the National Collegiate Athletic Association (NCAA) recognizes weight loss issues among wrestlers, and has created new rules regarding weight loss,⁴⁰ wrestlers still employ unhealthy methods of losing weight.¹⁴ Unhealthy weight loss practices can have serious mental and physical effects on the athletes² and therefore it is important to investigate the effects of weight loss in wrestling.

The purpose of this study was to assess current weight loss methods of collegiate wrestlers. In addition this study assessed how at risk wrestlers are for development of an eating disorder. To our knowledge no study has examined the psychological impacts and risk factors of wrestling on eating disorder risk factors using a survey tool specifically designed for athletes.

Design Statement

The current study is descriptive and employed a survey design model.

Population

The targeted population was National Collegiate Athletic Association (NCAA) collegiate male wrestlers over the age range of 18. Participants were from the United States and part of a NCAA wrestling program from Division I, II or III programs. The study excluded wrestlers who participate in other sports or are female. Wrestlers on club teams and under the age of 18 were excluded.

Wrestlers were recruited through the athletic trainer (AT). Contact information for the AT was obtained through public access internet searches available on NCAA wrestling programs. One hundred and forty three wrestlers provided data which was used in this study.

Instrumentation

The Wrestling Weight Loss Methods and Eating Disorder Risk Survey (WWLMEDRS) was constructed from two surveys previously used to measure weight loss methods and eating disorder risk factors in athletes. The first survey, the Wrestling Weight Loss Methods Questionnaire (WWLMQ) was adopted from an examination of college wrestlers on weight loss behaviors.¹⁴ The WWLMQ has 24 question survey which is divided into 4 sections: demographic information (4 questions), competitive performance and the extent of weight loss (12 questions), weight loss methods and sources of information on weight cutting (2 questions), and assessment of eating behaviors related to bulimia nervosa (BN) (6 questions). The WWLMQ survey was not originally created by Oppliger¹⁴, the version disseminated is a modified survey which has been used by other authors to examine the weight loss methods of high school wrestlers.

The WWLMQ by Oppliger test-retest reliability coefficients have been previously reported for the survey as .94-1.0 for demographic information, .74-.99 for weight change items, .77-1.0 for weight loss methods, .65-.85 for assessment of eating behaviors and .88 for items on bingeing.¹⁴ The survey was also reviewed by members of the NCAA's Committee on Competitive Safe Guards and Medical Aspects of Sports, the chair of the USA Wrestling Research and Education Committee, as well as several athletic trainers and college wrestling coaches for content validity.¹⁴

The current study also adopted the ATHLETE questionnaire⁴⁸ as the second portion of the questionnaire. The ATHLETE questionnaire was designed to measure psychological predictors for eating disorders within the athletic population. The questionnaire has two subsections; the first is a brief medical and sports history, and the second sub section contains 6 subscales with questions which correlate with eating disorders. The ATHLETE questionnaire has been identified as reliable and valid in female athletes though its validity and reliability have not been tested in the male population. The ATHLETE questionnaire has demonstrated reliability exceeding .74 for all 6 subscales and was above .82 for 4 of the 6.

Procedure

Institutional review board (IRB) approval was obtained prior to contacting wrestling programs (Appendix B). AT working with NCAA wrestling programs were contacted using online public sources (NCAA websites). The wrestling programs were contacted through information yielded on a search of collegiate NCAA wrestling program websites, which constitutes public accessible information to ascertain agreement to participate. The link containing the surveys was e-mailed to the athletic trainer who passed the link to the team. The

surveys also included an informed consent statement which the athlete must agree to before the survey would open. The AT also received a reminder e-mail, after about 1.5 weeks, from the research committee to encourage participation. Three weeks were allowed for the return of information.⁴⁹ The surveys were anonymous and did not contain any information which could provide identification about the athlete. Although teams were recruited across the nation because no identifiable questions were asked it was impossible to know if the population of this study represents a diverse population in regards to geographic region or level of competition (Division I, II or III).

Statistics

Descriptive statistics were calculated to assess demographic data. Frequencies and means were calculated to analyze both the weight loss methods and the ATHLETE questionnaire. The authors were unable to run a regression or a factor analysis due to the homogeneity of the data (Appendix C).

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CHAPTER 4

MANUSCRIPT

WEIGHT LOSS METHODS AND RISK FOR EATING DISORDERS IN COLLEGIATE
WRESTLERS

Introduction

Eating disorders (ED) are life threatening health care issues that affect an estimated 4.4% of the adult population in the United States annually.¹ ED typically develops in adolescence or early adulthood, the average age of onset is 19 for anorexia (AN) and 20 for bulimia (BN).¹ Untreated, eating disorders affects individuals over a lifetime from both associated chronic illnesses and a continued battle with the disorder.¹ ED affects most bodily systems causing a wide range of health care issues from heart arrhythmias to hair loss and muscular fatigue. In extreme cases, ED can be fatal;^{2,3} in milder cases, the long term effects can result in persistent fatigue, nutritional deficits, and gastrointestinal disturbances.³ In addition, individuals with ED can incur psychological detriments such as distorted self-image and social withdrawal often perpetuating underlying psychological issues.³

Certain populations, such as females, are more at risk to develop an ED.⁴ The athletic population differs slightly from the general population in that athletes may have an increased risk for ED.⁵⁻⁷ Research outcomes vary regarding the increased risk rates for ED in athletes due to

competitive pressures.⁵⁻⁷ Non-athletes must manage societal pressures and social interactions but athletes have added stressors of performance and physical health and/or physical perfection.⁵⁻⁷ Athlete stressors combined with the tendencies for athletes to have perfectionist personalities may lead to the development of an eating disorder.⁵⁻⁷ Participation in sports may also increase the athlete's self-esteem and therefore make him or her less at risk for developing an ED.⁸⁻¹¹ A dichotomous theoretical framework associated with ED and athletic participation exists yet data suggests that athletes have an increased rate of occurrence compared to the general population.¹² Despite contradictory theoretical frameworks regarding ED and the athletic population, a consensus exists that some athletic subgroups have an increased risk for development of ED.^{3,6,11} Athletes who participate in lean or aesthetic sports appear to be more susceptible to ED.^{3,6,11} A larger body of evidence regarding cross country and gymnasts is available;^{3,6,11} however what is less understood, and perhaps due to gender, is ED in wrestling.

Male wrestlers are an under investigated population with respect to ED, yet may be categorized as an at risk athletic population.¹³⁻¹⁶ The practice of "cutting weight" is common in wrestling and may constitute disordered eating.¹³⁻¹⁶ In addition, the sport of wrestling is regulated by weight classes which can increase focus on weight and performance thereby increasing the risk for an ED.^{3,11} Cutting weight is an unhealthy practice, yet combined with the risk for an ED can negatively affect the short and long term health of an individual.¹⁷ Increasing an understanding of causes and perspectives of the athletes participating in wrestling may aid in prevention and treatment of athletes with ED.¹³ The purpose of the study is to investigate the collegiate male wrestlers' weight loss methods and risk for ED.

Methods

Participants

The targeted population was National Collegiate Athletic Association (NCAA) collegiate male wrestlers over the age range of 18. Participants were from the United States and part of a NCAA wrestling program from Division I, II or III programs. The study excluded wrestlers who participate in other sports, are female, or on club teams.

Wrestlers were recruited through their AT. Contact information for the AT was obtained through public access internet searches available on NCAA wrestling programs. Athletic trainers from 156 teams were contacted and from that AT's from 25 teams agreed to participate. Overall 584 wrestlers received the link to the survey. One hundred and forty three wrestlers provided data which was used in this study (response rate 24%). Heavy weight wrestlers who responded to the survey were eliminated as heavy weight wrestlers usually do not cut weight.

Instrumentation

The instrument used in this study, "Wrestling Weight Loss Methods and Eating Disorder Risk Survey" (WWLMEDRS), is a combination of two published questionnaire to measure weight loss methods and disordered eating risk factor; the, Wrestling Weight Loss Methods Questionnaire (WWLMQ) and ATHLETE. The WWLMQ was adopted an assessment of college wrestlers' weight loss behaviors.¹⁴ The WWLMQ is a 24 question survey which is divided into 4 sections: demographic information (4 questions), competitive performance and the extent of weight loss (12 questions), weight loss methods and sources of information on weight cutting (2 questions), and assessment of eating behaviors related to bulimia nervosa (BN) (6 questions).

The WWLMQ reliability coefficients have been reported as .94-1.0 for demographic information, .74-.99 for weight change items, .77-1.0 for weight loss methods, .65-.85 for assessment of eating behaviors and .88 for items on bingeing.¹⁴ The survey was also reviewed by members of the NCAA's Committee on Competitive Safe Guards and Medical Aspects of Sports, the chair of the USA Wrestling Research and Education Committee, as well as several athletic trainers and college wrestling coaches for content validity.¹⁴

The ATHLETE questionnaire¹⁸ was implemented as the second section of the questionnaire. The ATHLETE questionnaire is designed to measure psychological predictors for eating disorders within the athletic population. The questionnaire has two subsections; the first is a brief medical and sports history, and the second sub section contains 6 subscales with questions which correlate with eating disorders. The ATHLETE questionnaire has been identified as reliable and valid in female athletes though validity and reliability have not been tested in the male population. The ATHLETE questionnaire has demonstrated reliability exceeding .74 for all 6 subscales and was above .82 for 4 of the 6.¹⁸

Procedures

ATs were contacted after obtaining Institutional review board (IRB) approval. Wrestling programs were contacted through information yielded on a search of collegiate NCAA wrestling program websites which constitutes public accessible information to ascertain agreement to participate. A survey link was e-mailed to the AT who was requested to pass the link to the wrestling team athletes. Consent to participate was implied through clicking on the link. The AT also received a reminder e-mail, after about 1.5 weeks, from the research committee to

forward to wrestlers and encourage participation. Three weeks were allowed for the return of information.¹⁹ The surveys were anonymous and did not contain any identifiable information.

Statistical Analysis

Descriptive statistics were used to assess demographic data. Frequencies and means were calculated to analyze both the weight loss methods and the ATHLETE questionnaire. The authors were unable to calculate a regression or a factor analysis for predictive or cumulative factors due to the homogeneity of the data.

Results

One hundred and forty three wrestlers (24%) provided useable data for this study. Data from heavy weight wrestlers was not included in this study. Heavy weight wrestlers are commonly eliminated from ED studies because that weight class typically does not require weight loss naturally eliminating them from the weight loss culture of wrestling.^{13,16} The majority of the wrestlers who participated were freshman (n=43, 34.1%), followed by sophomores (n=33, 26.2%), juniors (n=26, 20.6%) and seniors (n=23, 18.3%). In addition one wrestler indicated “other” when responding to year in college which may indicate an individual in their fifth year of school or grad school. Wrestlers’ ages ranged from 18 to 23 (\bar{x} = 19.8), and weight from 125 to 215 (\bar{x} = 164.4) pounds (56.7- 97.5 kg) and heights from 56 to 75 inches (142.2- 190.5 cm).

The age at which the wrestlers began wrestling ranged from 2 to 17 (\bar{x} = 9.7) years old. Wrestlers indicated they began cutting weight between the ages of 8 and 20 (\bar{x} = 14.4) years old, however the majority of wrestlers (67%) began cutting weight in high school between the ages of 13 and 17. The amount of weight cut by the wrestlers ranged from 3 to 35 (\bar{x} = 13.6) pounds

(1.7- 15.9 kg); although it is unclear if this was the total weight lost over the season or weight lost in one episode. As a group the wrestlers responded that they cut weight between 1 and 50 ($x=7.9$) times in the previous season.

Eating Habit Influencers

Using a Likert scale of whole numbers from 1 to 5 with higher numbers indicating more influence wrestlers indicated individuals with the most influence on their weight loss practices were other wrestlers ($x=3.57$), college coaches ($x=3.47$) high school coaches ($x=3.39$), and former wrestlers ($x=3.15$). With responses ranging from “not at all influential” to “extremely influential” the majority of wrestlers indicated that other wrestlers ($n=65$, 52.4%), former wrestlers ($n=46$, 37.1%) and college ($n=46$, 37.4%) and high school coaches ($n=43$, 34.7%) were “very influential”. Conversely, the team AT is listed as “not at all influential” ($n=43$, 34.7%), as was a nutritionist ($n=52$, 42.3%) by the greatest percentage of wrestlers.

Eating and Weight Loss Habits

The majority of Wrestlers indicated binge eating habits ($n=95$, 76.6%) with only 29 (23.4%) wrestlers not binge eating. Of the wrestlers who binge ate, the majority report bingeing 1 to 2 times a month ($n=53$, 42.7%), followed by bingeing once a week ($n=33$, 26.6%) or bingeing 2 or 3 times a week ($n=9$, 7.3%). The majority of wrestlers used vigorous exercise ($n=49$, 34.3%) or did nothing ($n=46$, 32.2%) after a binge. A smaller group of wrestlers reported after a binge they vomited ($n=5$, 3.5%), use laxatives ($n=6$, 4.2%), and report the use of diuretics ($n=2$, 1.4%).

The majority of wrestlers ($n=63$, 51.6%) are “not bothered at all” by binge eating behaviors, however some wrestlers ($n=22$, 18%) are bothered a little, while five (4.1%) are

moderately concerned, and two (1.6%) find their binge eating a major concern. The majority of wrestlers rarely feel out of control during a binge ($n=59$, 48.4%). A smaller group of wrestlers sometimes feel out of control 24 (19.7%), often feel out of control eight (6.6%), and two (1.6%) always feel out of control. After a binge 67 (55.4%) do not feel concerned, 21 (17.4%) are moderately upset, and four (3.3%) report they hate themselves.

Wrestlers employ a variety of methods to lose weight for their chosen weight class (Table 1). The most common weight loss method used was increasing exercises ($n=121$, 98.3 %), followed by gradual dieting ($n=105$, 89.7%). Exercise and methods of sweating were also employed by wrestlers to lose weight in greater proportion to other methods. Other less common forms of cutting weight were included; spitting ($n=33$, 26.9%), laxatives ($n=14$, 11.4%), diet pills ($n=7$, 5.7%), diuretics ($n=4$, 3.2%), enemas ($n=2$, 1.6%), and vomiting ($n=8$, 6.5%)

ATHLETE Responses

As part of the ATHLETE questionnaire wrestlers indicated they were trying to lose weight for their sport ($x=3.79$), and they are very careful not to gain weight ($x=3.42$), and they train more than is required in order to burn more calories ($x=3.54$). Wrestlers indicate that exercise more on their own when practice is not as intense ($x=3.59$). Wrestlers indicated more concern regarding their diet's ability to negatively affect their performance ($x=2.94$), but they feel no pressure to change their diet ($x=2.93$). However, wrestlers indicated they were ambivalent when asked if they restrict their diet in the offseason ($x=2.10$), or if they spend a lot of time thinking about how many calories they have burned in the day or practice ($x=2.72$). These responses to the ATHLETE questionnaire match the wrestlers' tendency to cut weight and portray behaviors which mimic an ED however other questions on the ATHLETE Questionnaire

indicate the majority wrestlers do not portray the mental or emotional symptoms of an ED. The wrestlers indicate that they do not feel fat (Table 2) while an individual with an ED would feel displeased with his or her body shape or composition. In addition wrestlers indicate they trust their teammates (Table 3) compared to an athlete with an ED who withdraw from their team and refuse to be social.

Discussion

Cutting weight in order to compete at a lower weight class to gain a competitive advantage is considered common practice for wrestlers.^{14-16,20} Literature indicates that wrestlers believe it possible to lose a large amount of weight in a short period of time and then gain the weight back after a weight-in, in order to weigh more than their opponent.¹⁵ The weight loss methods for “cutting weight” used by the wrestlers pose a risk to the health of the athletes and literature has suggested cutting weight places wrestlers at risk for the development of an ED.^{3,13,15,16} Wrestlers use means such as inducing dehydration and exercising excessively as well as at increased temperature.¹⁴ Wrestlers are also known to restrict both food and fluids; wrestlers will fast for a day or more and also decrease the amount of calories they consume by gradual dieting. Often wrestlers use combinations of these various techniques.¹⁴ The weight loss methods used by wrestlers in this study match the weight loss methods previously identified in the literature and include gradual dieting, restricting food, fasting, restricting fluids and increasing exercise.¹⁴⁻¹⁶

The practice of cutting weight is prevalent in wrestlers yet they do not appear to be at risk for developing an ED, yet behaviors mimic ED's. Disordered eating behaviors are just as dangerous to physical health as are individuals with ED's. Wrestlers in the current study

admitted to trying to lose weight for their sport and exercising more than is required in order to lose weight. Responses of wrestlers in the current study are similar to research in which the wrestlers agree that they cut weight in order to wrestle at a lower weight class.¹⁴⁻¹⁶ Overall the responses indicated positive results for the ATHLETE questionnaire in that wrestlers appeared to have normal healthy responses. Wrestlers also indicated that they feel comfortable eating around others (family, teammates, coaches and friends) and do not perceive pressure to change their diet. Interestingly, the concern medical professionals have with regard to athletes with ED are not validated in this wrestling population. The presence of ED behaviors, however, makes recognition of wrestlers who may have an ED more difficult to ascertain. AT's should continue to evaluate athletes based on known indicators for eating disorders (Table 4).

Previously, the literature suggested that wrestlers were part of a subgroup within athletics which was considered at risk for the development of an ED.^{13,16} The practices of cutting weight are perceived as mimicking the behavior of an ED and could predispose wrestlers to the development of a clinical ED.^{14-16,20} Despite the presence of cutting weight activities, results from the ATHLETE questionnaire appear to indicate that these wrestlers, as a group, are not at risk for an ED. Answers to the ATHLETE questionnaire indicate that the group does not identify wrestling as the only important activity in their life. Wrestler may simply portray sport induced eating restrictions and weight loss in order to be competitive but may not have ED and return to normal behaviors after competitive season, which is supported by this study as well as some previous literature.²⁰

Despite the indications of the ATHLETE questionnaire it is possible the results do not accurately depict the wrestlers' risk for ED's. The ATHLETE questionnaire was originally

designed for a female population and has not been validated for use with male athletes. Timing of the questionnaire distribution may also have affected participant answers. The wrestlers participated in this study in February which is towards the end of the season when most weight loss has been accomplished. The effects on timing during the season on weight loss methods are unknown and more research is needed.

Although the participants in the current study as a whole do not appear to be at risk for ED's the clinician must still pay attention to the eating habits of the athletes, which are unhealthy. Over 75% of the wrestlers admitted to binge eating. Although the binge eating mimics the eating patterns of bulimia in the case of the wrestlers in the current study it does not seem to predispose them to an ED. The majority of wrestlers (n= 10, 37%) indicate that they have only been binge eating for a month or less which would indicate that the binge eating is not be normal behavior for a wrestler out of season. Unfortunately, a large portion of the data for the question asking how long the wrestler had been binge eating is missing as only 27 wrestlers responded to that particular question. For most of the wrestlers, binge eating does not seem to be a symptom of an ED as indicated by answers that included "not bothered at all" or only "bothered a little" about their behavior. A smaller group of respondents are moderately concerned about their behavior. While the majority of wrestlers do not appear to be at risk for an ED, clinicians remain observant of wrestlers who exhibit different behaviors or concerns regarding the development of an ED so that proper education or referral is provided.

Wrestlers do not appear to be at risk for developing an ED, however they do exhibit behavior which mimics an eating disorder and is no less dangerous to their physical health. The

weight loss methods can lead to osteoporosis, gastrointestinal disturbances, kidney failure, heat stroke, severe dehydration and in extreme cases death.³

Weight Loss Influences

Currently the wrestler's weight loss methods are most influenced by other wrestlers who may not have accurate information regarding the possible negative effects. Wrestlers indicated that fellow wrestlers and coaches were a source of influence to losing weight substantiating current literature.^{13,14} Our data indicates that coaches are the greatest source of information and influence weight loss methods, yet coaches have little knowledge of the signs or symptoms of ED (Table 4).²¹ Proper education of coaches on the negative effects of the weight loss methods may allow the coaches to be a better influence the wrestlers. Our data indicates that AT's and nutritionists do not influence athletes with regard to ED and nutrition and therefore coaches may have a better opportunity for influence of healthy behaviors. An understanding of whether coaches provide or have knowledge of proper nutrition and weight loss techniques for wrestlers is currently unknown, but should be evaluated for future research.

Future Research

An understanding of whether coaches provide or have knowledge of proper nutrition and weight loss techniques for wrestlers is lacking, but should be evaluated for future research given the stated influence their advisement holds with wrestlers. Additional research is needed to determine if proper education of both wrestling coaches and athletes would have an influence of the weight loss practices. It is also unknown if better education of the wrestlers on the negative side effects of cutting weight and proper nutrition and weight loss techniques would help to

prevent the dangerous eating behaviors. More research is also needed regarding the use of the ATHLETE questionnaire in the male population.

Clinical Implications

Wrestlers in this study are not at risk for an ED but the eating behaviors exhibited minimize health and wellness and can add to wrestling injury morbidity. Assessment of wrestlers with ED as opposed to disordered eating is compounded by athletes who display extreme weight loss tactics but do not have an ED. Clinicians should focus on secondary illnesses or injury, such as heat stroke and chronic fatigue, which may present because of the eating behavior and monitor individuals closely for ED.

Clinicians should also focus on monitoring the wrestlers binge eating habits. The majority of wrestlers in this study report binge eating. Although the wrestlers in this study do not appear at risk for and ED binge eating a habit which the wrestlers participate in and can influence the development of an ED. Clinicians should monitor wrestlers eating behaviors closely in order to note any changes which may indicate a more serious problem.

Limitations

The study is limited by the survey distribution methods. The researcher will not administer the survey and therefore assume that practitioners are following directions and not influencing completion of the survey. In addition the study does not investigate eating habits or ED risks outside of the competitive season and therefore can only extrapolate to in season findings.

Conclusion

This study found that wrestlers are still using extreme methods to lose weight in order to compete in a lower weight class. Weight loss methods used by current wrestlers are very similar to those used by wrestlers in earlier studies. Based on responses to the ATHLETE questionnaire it would appear that this group of wrestlers is not at risk for an ED. While more information is needed about the reliability of the ATHLETE questionnaire in the male population, the results are positive for those clinicians who work closely with wrestlers. The data suggests clinicians can focus on the eating behaviors and the possible side effects of secondary illness of the eating behaviors rather than the emotional and mental symptoms of an ED.

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Table 1. Weight loss Methods and Frequencies of Use (N=143)

Weight Loss Method	Frequency of Weight Loss Method				
	Never	Every 2-4 weeks	Once a week	3-4 times per week	Daily
Gradual Dieting	12 (10.3%)	22 (18.8%)	14 (12.0%)	19 (16.2%)	50 (42.7%)
Restricting Food	16 (13.3%)	21 (17.5%)	38 (31.7%)	26 (21.7%)	19 (15.8%)
Fasting (not eating all day)	57 (46.7%)	14 (11.5%)	44 (36.1%)	5 (4.1%)	2 (1.6%)
Restricting Fluids	16 (13.0%)	17 (13.8%)	44 (35.8%)	30 (24.4%)	16 (13.0%)
Increasing Exercise	2 (1.6%)	9 (7.3%)	26 (21.1%)	37 (30.1%)	49 (39.8%)
Heated Wrestling room	33 (26.8%)	9 (7.3%)	15 (12.2%)	33 (26.8%)	33 (26.8%)
Sauna	83 (68.0%)	14 (11.5%)	13 (10.7%)	9 (7.4%)	3 (2.5%)
Rubber/plastic suit	77 (63.1%)	13 (10.7%)	20 (16.4%)	10 (8.2%)	2 (1.6%)
Spitting	90 (73.2%)	12 (9.8%)	8 (6.5%)	6 (4.9%)	7 (5.7%)
Laxatives	109 (88.6%)	6 (4.9%)	4 (3.3%)	2 (1.6%)	2 (1.6%)
Diet Pills	116 (94.3%)	2 (1.6%)	4 (3.3%)	1 (.8%)	0 (0%)
Diuretics	119 (96.7%)	1 (.8%)	2 (1.6%)	1 (.8%)	0 (0%)
Enemas	121 (98.4%)	1 (.8%)	1 (.8%)	0 (0%)	0 (0%)
Vomiting	115 (93.5%)	6 (4.9%)	2 (1.6%)	0 (0%)	0 (0%)

Table 2. Wrestlers' Feelings about Perceptions of Body Influenced by Others (N=143)

Questions	Average
My non-athletic friends make me feel I am too fat	1.37
My coach makes me feel I am too fat	1.89
My mom makes me feel I am too fat	1.47
My dad makes me feel I am too fat	1.52
My teammates make me feel I am too fat	1.89
Society makes me feel I am too fat	1.54

Table 3. Wrestlers' Feelings towards Coach and Teammates (N=143)

Questions	Average
It is hard to get close to my teammates because we are constantly competing again each other	1.67
I do not open up to others on the team because I am afraid they will talk about me to the coach or other teammates	1.74
My teammates are some of my closest friends	4.29
I trust my teammates and talk to them about my true feelings	3.87

Table 4. Common Symptoms and Characteristics of Eating Disorders³

Symptoms and Characteristics
Dieting which is unneeded for health, performance, or appearance
Self-critical of: size, shape, weight, or performance
Avoidance of eating and eating situations
Secretive and/or ritualistic eating patterns
Claims of “feeling fat” despite being thin
Resistance to weight gain or maintenance
Unusual weighing behavior ie. Weighing excessively
Excessive obligatory exercise
Compulsiveness and rigidity especially concerning eating habits
Restlessness
Change in behavior from open, positive and social to untruthful, suspicious and sad
Social Withdrawal
Depression or anxiety
Insomnia
Binge eating
Agitation when bingeing is interrupted
Evidence of vomiting unrelated to illness- excessive use of bathroom particularly after eating
Use of laxative or diuretics unsanctioned by medical providers
Substance abuse

APPENDIX A: STUDY PARAMETERS

Operational Definitions

Athlete- A member of a competitive sport at any level

Aesthetic sport- a sport in which the physical characteristics of the individual may influence the outcome of competition, thereby placing a greater stress on the athlete to appear thin and fit.

Lean sport- a sport in which athletes who are leaner may have a competitive advantage over less lean athletes.

Athletic trainer/ certified athletic trainer- An athletic trainer/ certified athletic training is an individual who has graduated with a degree in athletic training from a CAATE accredited athletic training education program and has passed the Board of Certification examination and obtained a license to practice if required within the state of residence.

Wrestler- A wrestler is a member of an NCAA wrestling program at the collegiate level over the age of 18.

Cutting weight- Cutting weight is the practice whereby a wrestler will try to lose an extreme amount of weight in a short amount of time, usually by unhealthy or dangerous methods.

Eating disorder- An ED is a disturbance in eating habits or weight control behavior that may result in clinically significant impairment of physical health or psychosocial functioning.¹

Disordered eating- Disordered eating is abnormal eating behaviors which are detrimental to the individual but do not meet the criteria for a clinical eating disorder.²

Anorexia nervosa- Anorexia nervosa is the refusal to maintain body weight at or above a normal level for age and height, intense fear of gaining weight or becoming overweight, disturbance in the way one's body weight or shape are perceived with undue influence of weight and body shape on self- evaluation or denial of seriousness of low body weight, and amenorrhea in females.¹⁸

Bulimia nervosa- Bulimia nervosa is characterized by recurrent episodes of binge eating followed by recurrent inappropriate compensatory behaviors to prevent weight gain both of these behaviors should occur on average at least twice a week for three months. In addition self-evaluation is unduly influenced by body shape or weight, and the disturbance does not exclusively occur during episodes of anorexia nervosa.¹

Assumptions

We are operating under the assumption that all participants will respond to the survey honestly, and that all athletic trainers will follow directions given to them appropriately. Wrestlers that are participating in the study are assumed to have wrestling experience prior to college and have been socialized into the wrestling culture.

Delimitations

The study population is delimited to male wrestlers over the age of 18, who are active participants in an NCAA wrestling program. The study is also delimited to an online format.

Limitations

The study is limited by the survey distribution methods. The researcher will not administer the survey and therefore assume that practioners are following directions and not influencing completion of the survey. In addition the study does not investigate eating habits or ED risks outside of the competitive season and therefore can only extrapolate to in season findings.

APPENDIX B: RELEVANT STUDY FORMS

AUTHOR GUIDELINES

Information for Authors

Athletic Training and Sports Health Care: The Journal for the Practicing Clinician provides a forum for the dissemination of contemporary athletic training and sports health care information and guidance to clinicians involved in a variety of allied health professions. Primary emphasis is on the clinical relevance of information to the practicing sports health care professional. The journal publishes peer-reviewed articles including original research, case reviews, evidence-based reports, evidence-based digests, clinical columns, systematic reviews, and literature review from a variety of sports health care disciplines. The Journal adheres to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (2010) of the International Committee of Medical Journal Editors.

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Manuscripts should be submitted to <www.rapidreview.com>. Authors should contact the Editorial Office with questions regarding the submission process at atshc@slackinc.com. Manuscript style should follow the AMA's *Manual of Style*, 10th edition, and spelling should reflect *Dorland's Illustrated Medical Dictionary*.

Limit the use of abbreviations to those that are commonly understood without explanation. Pharmaceuticals should be referred to by their generic names. Device manufacturers and their locations should appear in parentheses following the mention of devices. Uploaded manuscript files should be devoid of author identification, including title page, to facilitate blind peer review. All pages and lines should be numbered. Reports of studies involving human subjects must indicate procedures for the protection of their rights, as well as IRB approval. Original manuscripts should be no more than 16 double-spaced pages in length, excluding references, figures, and tables.

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If the material was presented at a meeting, the meeting information should be provided. If any author has a financial conflict of interest in the subject matter in the manuscript, this should be indicated. If the manuscript discusses in any a device, equipment, an instrument or a drug, authors must state whether they have any commercial or proprietary interest in the product or company. If applicable authors should describe the role of the study sponsor, if any, in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source has no such involvements, the authors should so state. If applicable, authors must declare whether they has assistance with the study design, data collection, data analysis, or manuscript preparation. If the manuscript reports on a registered clinical trial and has been assigned a trial registration number from a public trials registry, authors should provide this information.

Acknowledgments: Limit acknowledgements to those who helped extensively, such as individuals who provided statistical help, essential equipment, or laboratory services or who translated references.

Abstract: The abstract should contain 150 or fewer words. Every article, including columns (with the exaction of PEARLS of Practice and Clinical Roundtable), must include an abstract.

Text: The test should include the following sections when appropriate for the material (the use of subheading is encouraged):

- 1) Introduction – Previous pertinent literature is cited and discussed. The purpose/ research hypotheses are clearly stated. Rationale for the study is clear.
- 2) Methods - Research design is fully described.
- 3) Results – Results are clearly presented and relevant to the study objectives. Text should not duplicated tables or figures.
- 4) Discussion – Support/nonsupport of the hypotheses is noted and discussed with reference made to previous literature. Limitations of the study are noted. Suggestions of future research are made.
- 5) Clinical Implications – Commentary as to the *clinical implications* of the research should also be stated. No summary section is necessary.

References: References must be cited consecutively in the text with superscript numbers and listed in this order in the reference section at the end of the text. Authors are responsible for the accuracy of references, particularly authors' names and page numbers. Unpublished data and personal communication should not be listed as references, but rather mentioned parenthetically in the text. Abbreviations of the names of journals should conform to Medline. The names of those journals that are not listed with the Library of Medicine in Medline must be given in full. Journal names should be cited as they existed at the time of publication. References should follow AMA format.

Legends for Figures/Illustrations: All fugires should be numbered in the order in which they are reference to in the text. A legend should be a brief description that allows the figure to be fully understood.

Figures/Illustrations: Each figure must be numbered and cited consecutively in the text. If applicable, arrows or asterisks can be present on figures for identification of specified areas that are discussed in the legend. If photographs are submitted with a manuscript, permission to publish must be obtained in writing from all individuals pictured. Measures to conceal the identity of an individual in a photograph, such as placing black bars over the person's eyes, should not be used. Drawings or computer-generated images submitted with a manuscript require permission to publish from the artist. Authors must disclose whether any figures or tables have been previously published; such materials must be accompanied by a letter of permission from the publisher, which extends non-exclusive worldwide rights to reprint the material for all forms of media now or hereafter developed to

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Tables: Each table must be numbered and cited consecutively in the text and should have a short descriptive title. Abbreviations used in tables that are not commonly understood terms should be explained in a legend. Material that is in the tables should not be repeated in the text.

Case Reviews

This section contains case reports, techniques, and descriptions of instrumentation. Manuscripts for Case Reviews require an abstract of 50 or fewer words and should contain approximately 1,200 words, no more than three figures, and fewer than 15 references. With these exceptions, the general requirements for articles previously outlined should be followed.

Evidence-Based Reports

Evidence-based reports will provide athletic trainers and sports health professionals with up-to-date evidence to support clinical practice techniques and interventions. Authors of evidence-based reports should follow the guidelines for reporting clinical trials established by the CONSORT Group (www.consort-statement.org).

Evidence-Based Digests

Evidence-based digests feature summaries of recent evidence-based medicine research relevant to athletic trainers and sports health care professionals. Manuscripts submitted for this section should comprise succinct reviews of published systematic reviews, meta-analyses, or randomized controlled trials on topics pertinent to the practicing clinician. Authors should organize their manuscripts in the following manner: reference article citation, abstract (a summary of the abstract from the reference article), and summary. Evidence-based digest manuscripts should be no more than 1,200 words, with no more than 5 references and 1 figure.

Systematic Reviews

Systematic reviews describe a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research. Each article discussed must be examined and graded. Manuscripts should be organized in the following manner: Abstract, Background, Literature Review, Findings, Discussion, Conclusion, and Further Research.

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Comprehensive literature reviews serve to inform readers of sports health topics related to clinical practice. Authors should organize their manuscript in the following manner: Abstract, Background, Literature, Findings, Conclusions, and Further Research. Formal guidelines for writing literature reviews can be accessed at www.sportsci.org/jour/9901/wghreview.html.

Letters to the Editor

Letters to the Editor may be correspondence regarding articles that have been published in the journal or brief descriptions of findings that are not appropriate for the Case Reviews section. If the letter is regarding a previously published article, the author of that article will be given the opportunity to respond. For other types of letters, authors should briefly describe their findings and the implications for other athletic trainers. Letters should be no more than 500 words, with no more than 5 references and no more than 1 figure. Letters may be edited for clarity or length. Letter authors must disclose any competing or conflicting interests.

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- **Clinical Roundtable** – This column will appear twice per year and include commentary and discussion on topics pertinent to athletic trainers and other sports health care professionals. Roundtable discussions will involve a variety of expert clinicians as discussants. Individuals wishing to make suggestions for future roundtable discussions may send them to Jeff Konin, column editor, at jkonin@health.usf.edu
- **Professional Practice** – This column will appear twice per year and involve topics related to professional practice including legal and ethical considerations. Potential authors should direct their questions to Andy Winterstein, column editor, at winterstein@education.wisc.edu
- **Team Physician** – This column will appear twice per year and will serve as a clearinghouse for information suitable to the team physician and other practicing clinicians on topics that are “hot” and contemporary. Authors wishing to submit materials or wishing to make future content suggestions should direct their inquiries to Daryl Rosenbaum, column editor, at drosenba@wfubmc.edu

- **PEARLS of Practice** – This column will appear in every issue. Column submissions should be a succinct description of a single concept, practical tip, or clinical technique. This column is intended to disseminate high-yield content that will benefit athletic trainers or other allied health care professionals. Submissions should be no more than 750 words and contain no more than 5 references. Tables and figures are encouraged when applicable. Any questions about submissions or content can be directed to Joe Hart, column editor, at jmh3zf@virginia.edu

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SURVEY TOOL

Text Wrestling Weight Loss Methods and Eating Disorder Risk Survey

Q1 Current year in college:

Q2 Age in years:

Q3 How much do you weigh in pounds (lbs)?

Q4 How tall are you?

Q5 What was your weight class last year?

Q6 What was your record last year? Please include wins and losses.

Q7 What is your career record starting from 9th grade?

Q8 Which of the follow best describes your accomplishments this past season (circle all that apply)?

- ☐ Placed in the top three at regional or league championships (1)
- ☐ Qualified for NCAA's (2)
- ☐ Placed in the top 6 at NCAA's (3)

Q9 At what age did you begin wrestling?

Q10 At what age did you begin cutting weight for wrestling?

Q11 Using the scale below, please rate the amount of influence that each individual listed below has had on your weight loss practices:

	1 not influential (1)	2 (2)	3 unsure (3)	4 (4)	5 very influential (5)
Fellow wrestlers (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
former wrestlers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
team trainer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
high school coach (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
parents (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nutritionist/ dietitian (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my college coach (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCAA rule change (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 What is the most weight that you cut last year to make weight?

Q13 How many times last year did you have to cut weight to make weight?

Q14 How many pounds did your weight fluctuate every week during last wrestling season?

Q15 What was your weight post season in April?

Q16 Do you consider yourself

- ☐ Very underweight (1)
- ☐ underweight (2)
- ☐ Just right (3)
- ☐ Overweight (4)
- ☐ Very overweight (5)

Q17 During the wrestling season do you have to consciously restrict your food intake in order to control your weight?

- ☐ never (1)
- ☐ rarely (2)
- ☐ sometimes (3)
- ☐ often (4)
- ☐ always (5)

For questions 18-21 below, circle your response. If you never binge eat please circle A for each question. (Binge eating is eating much more than most people would eat, under the same circumstances, where you feel you may not be able to stop.)

Q18 How often do you binge eat?

- ☐ I never binge eat (1)
- ☐ Once or twice a month (2)
- ☐ Once a week (3)
- ☐ Two or three times a week (4)
- ☐ Almost every day (5)

Q18B If you circled D or E above how long have you been binge eating?

- ☐ one month or less (1)
- ☐ one or two months (2)
- ☐ three or four months (3)
- ☐ five months or more (4)

Q19 Which of the following activities do you engage in after binge eating? (circle all that apply)

- ☐ I never binge eat (1)
- ☐ Vomiting (2)
- ☐ Using laxatives (3)
- ☐ Using diuretics (4)
- ☐ vigorous exercise (5)
- ☐ None of the above (6)

Q20 How much are you concerned about your binge eating

- ☐ I never binge eat (1)
- ☐ Not bothered at all (2)
- ☐ Bothers me a little (3)
- ☐ Moderately concerned (4)
- ☐ A major concern (5)

Q21 Which of the following best describes your feelings during a binge?

- ☐ I never binge eat (1)
- ☐ I rarely feel out of control (2)
- ☐ I sometimes feel out of control (3)
- ☐ I often feel out of control (4)
- ☐ I always feel out of control (5)

Q22 Which of the following best describes your feelings after a binge?

- ☐ I never binge eat (1)
- ☐ I feel neutral/ not concerned (2)
- ☐ I am moderately upset (3)
- ☐ I hate myself (4)

Q23 Do you feel out of control eating or that you won't be able to stop eating? (choose one response for each situation)

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
Days before match (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After weight-in (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After a match	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the off-season (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 Last wrestling season, how often did you use the following methods to lose weight?

	Daily (1)	3-4 times per week (2)	Once a Week (3)	every 2-4 weeks (4)	never (5)
Gradual dieting (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restricting food(s skipping 1-2 meals) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting (not eating all day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
restricting fluids (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing exercise (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heated wrestling room (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sauna (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubber/ plastic suit (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spitting (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laxatives (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet pills (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diuretics (water pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ememas (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 Race/ ethnicity (pick one)

- ☐ Caucasian/ white (1)
- ☐ African-American/ Black (2)
- ☐ Hispanic/ Latino/ Mexican American (3)
- ☐ American Indian (4)
- ☐ Asian American/ Pacific Islander (5)
- ☐ Other (6)

Q28 What is your desired weight?

Q29 My frame is:

- ☐ Small (1)
- ☐ Medium (2)
- ☐ Large (3)

Q30 My mother is:

- ☐ Underweight (1)
- ☐ Average (2)
- ☐ Overweight (3)

Q31 My father is:

- ☐ Underweight (1)
- ☐ Average (2)
- ☐ Overweight (3)

Q32 My family has a history of weight problems

- ☐ Yes (1)
- ☐ No (2)

Q33 If yes please describe

Q34 Have you had any sports related injuries in the past 5 year?

- ☐ Yes (1)
- ☐ No (2)

Q35 If yes, what were the injuries and when did they occur?

Q36 Were you recruited to wrestle at your current institution?

- ☐ Yes (1)
- ☐ No (2)

Q37 Do you receive an athletic scholarship?

- ☐ Yes (1)
- ☐ No (2)

Q38 The following statements ask about your feelings about being an athlete. Please circle the response that best describes your feelings: Strongly Agree (SA), Agree Somewhat (A), Unsure (U), Disagree Somewhat (D) or Strongly Disagree (SD). Thank you

	Strongly Agree (1)	Agree somewhat (2)	Unsure (3)	Disagree somewhat (4)	Strongly Disagree (5)
Being an athlete is my most meaningful ability. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot imagine what it will be like when I am no longer competing. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, the ideal job would be to be a professional athlete. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will spend as much time and energy as it takes to train even if it means I will not do as well academically. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will spend as much time and energy as it takes to train even if it means less time being with my friends. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39 The following statements ask about your feelings about your body and sports. Please circle the response that best describes your feelings: Strongly Agree (SA), Agree Somewhat (A), Unsure (U), Disagree Somewhat (D) or Strongly Disagree (SD). Thank you

	Strongly Agree (1)	Agree somewhat (2)	Unsure (3)	Disagree somewhat (4)	Strongly disagree (5)
I would be more successful in my sport if my body looked better. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often wish I were leaner so I could perform better. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my sport, I am very careful to not gain weight. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am trying to lose weight for my sport. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I train more than is required by my sport to burn more calories. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I restrict my diet even when my sport is not in season (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I spend a lot of time thinking about how many calories I have burned during practice or training each day. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my diet may limit my ability to perform to my potential. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When practice is shorter or less intense than usual I will compensate by either exercising on my own or by eating less. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel guilty when my team is tapering before a big event. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not feel any pressure to change my diet. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to eat what I would like regardless of what my teammates are eating. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q40 The following statements ask you about your feelings about your performance in practice and competition. Please circle the response that best describes your feelings: Strongly Agree (SA), Agree Somewhat (A), Unsure (U), Disagree Somewhat (D) or Strongly Disagree (SD). Thank you.

	Strongly agree (1)	Agree somewhat (2)	unsure (3)	Disagree somewhat (4)	Strongly Disagree (5)
No matter how successful I am, I never feel satisfied. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents expect more of me athletically than I do of myself. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when my parents praise me, I feel that they really think I could have done better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when my coach praises me, I feel that he/she really thinks I could have done better. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my parents care more about my athletic performance than I do. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about my letting my parents down if I don't play/perform up to their expectations. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I worry about my letting my coach down if I don't play/perform up to his/her expectations. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q41 The following statements ask about your feelings about your coach and teammates. Please circle the response that best describes your feelings: Strongly Agree (SA), Agree Somewhat (A), Unsure (U), Disagree Somewhat (D) or Strongly Disagree (SD).

	Stongly Agreee (1)	Agree Somewhat (2)	Unsure (3)	Disagree somewhat (4)	Strongly Disagree (5)
It is hard to get close to my teammates because we are constantly competing against each other. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not open up to others on my team because I am afraid they will talk about me to the coach or other teammates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teammates are some of my closest friends. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my teammates and talk to them about my true feelings. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q42 These questions ask about how other people in your life make you feel about your body. Please circle the response that best describes your feelings: Strongly Agree (SA), Agree Somewhat (A), Unsure (U), Disagree Somewhat (D) or Strongly Disagree (SD).

	Strongly Agree (1)	Agree somewhat (2)	Unsure (3)	Disagree somewhat (4)	Strongly Disagree (5)
My friends (non-athletes) make me feel I am too fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coach makes me feel I am too fat. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mom makes me feel I am too fat. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dad makes me feel I am too fat. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teammates make me feel I am too fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Society makes me feel I am too fat. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q43 The following statements relate to feelings about eating. Please circle the response that best describes your feelings: Strongly Agree (SA), Agree Somewhat (A), Unsure (U), Disagree Somewhat (D) or Strongly Disagree (SD).

	Strongly Agree (1)	Agree somewhat (2)	Unsure (3)	Disagree somewhat (4)	Strongly Disagree (5)
I feel uncomfortable eating in front of my friends (non-athletes).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable eating in front of my coach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable eating in front of my mom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable eating in front of my dad. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable eating in front of my teammates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 Have you ever been diagnosed with an eating disorder?

- ☐ Yes (1)
☐ No (2)

Q45 If yes, by whom (Mark all that apply)

- ☐ Physician (1)
☐ psychologist/psychiatrist (2)
☐ Athletic trainer (3)
☐ Nurse practitioner (4)
☐ Nutritionist (5)
☐ Other (6)

Q46 What was the diagnosis

- ☐ Anorexia Nervosa (1)
- ☐ Bulimia (2)
- ☐ Binge eating disorder (compulsive overeating) (3)
- ☐ Eating disorder not otherwise specified (4)
- ☐ Other (5)

Q47 When was the diagnosis made?

Q48 Have you ever been in therapy or received treatment for an eating disorder?

- ☐ never in therapy/treatment (1)
- ☐ previously therapy/treatment (2)
- ☐ currently in therapy/treatment (3)

Q49 If you have received treatment or are currently receiving treatment please describe it.

INSTITUTIONAL REVIEW BOARD FORMS

A2

RESEARCH DESCRIPTION

Provide responses to the following items in the textboxes provided, save document with your answers, and upload the completed Form A2 in IRBNet. If an item does not apply to your research project, simply indicate “Not applicable.” The completed Form A2 should not exceed 9 pages. Use a font size of 11 or larger. A proposal, thesis, or dissertation will not be accepted in lieu of responses.

PROJECT DESCRIPTION

1. Provide a brief description using layperson’s terms of the proposed research. Include the purpose and research questions or hypothesis.

This study will utilize a survey to assess weight loss methods used by wrestlers and also to assess the risk of wrestlers to developing an eating disorder. The purpose of this project is to investigate the weight loss methods of collegiate wrestlers and compare these methods to past studies and therefore examine the change. We hypothesize that weight loss methods in wrestlers have become more extreme since last examined.

METHODOLOGY

2. **PARTICIPANTS** – Describe the characteristics (e.g., age, gender, ethnicity, health status) of the subject population whom you are targeting and the approximate number of participants. Provide exclusion and inclusion criteria. Will there be any special populations (see 45 CFR 46, subparts B, C, and D), such as children, individuals who are mentally incapacitated, prisoners, or others whose ability to give voluntary informed consent may be in question included? – If yes, explain the rationale for their inclusion.

The population of the study will be male wrestlers over the age of 18 years old. The study aims to contact 600 wrestlers and expects a return of 250 surveys. The wrestlers must be part of a National Collegiate Athletic Association (NCAA) wrestling program and will be excluded if they currently participate in any other sport programs. Female wrestlers will also be excluded from the study.

3. **RECRUITMENT**—Describe how you will identify and recruit prospective subjects. Attach a draft or final copy of any planned advertisements, flyers, and letters to potential subjects.

Wrestlers will be recruited by using public information and contacting athletic trainers at universities with wrestling programs. Initially e-mails will be sent to the athletic trainers in order to gauge interest. Programs which indicate interest will be mailed surveys to complete.

4. **LOCATION OF STUDY**—Identify specific sites or agencies to be used. For research conducted at a facility other than one owned and operated by Indiana State University, additional information is required.

All statistical analyses will be conducted at Indiana State University.

Notes:

(a) If the research project will not be conducted at a facility owned by and operated by Indiana State

University, a letter from the appropriate administrator of each facility should be submitted on the facilities

letterhead stationary and should contain the following: agreement for the study to be conducted; identification of someone at the site who will provide information about appropriateness for its population; assurance of adequate capabilities to perform the research as approved by the IRB; and, if applicable, assurance that facility personnel involved in data collection have appropriate expertise and will follow IRB approved procedures. If the approval letters are not available at the time of IRB review, IRB approval will be contingent upon receipt of the letters.

(b) Federally funded research—If the research project receives federal funds from an agency such as the National Institutes of Health (NIH) and the study will be conducted at a site other than one owned and operated by Indiana State University, each study site must have a Federal Wide Assurance (FWA) with the Office for Human Research Protections (OHRP). FWAs are a requirement of OHRP or NIH and not ISU's IRB or ISU's Office of Sponsored Programs. ISU has negotiated an FWA. Contact OSP for the information to enter on the funding agency's application form regarding FWA documentation. If the study is a collaborative project and another organization in addition to ISU is engaged in human subjects research (as defined by DHHS), then the PI must obtain information on the other organization's FWA and provide it in this section of the ISU application. Guidance may be found at OHRP's web site, <http://ohrp.osophs.dhhs.gov/irbasur.htm>

5. INSTRUMENTS, RESEARCH MATERIALS, RECORDS—Identify the sources of research material (e.g., specimens, records, data) to be obtained from subjects. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data. If applicable, attach a copy of all questionnaires, tests, surveys, or other materials to be administered to the subjects; describe the setting and mode of administration (e.g., group, telephone, individual); describe the duration of administration, intervals of administration (if multiple administrations), and overall length of participation.

The study will collect surveys from the subjects. Surveys will be online and the link will be distributed by the athletic trainer. The survey administered has been designed for the study by modifying surveys used in previous studies with similar purposes. The Wrestling Weight Loss Methods and Eating Disorder Risk Survey (WWLMEDRS) is constructed from two surveys previously used to measure weight loss methods and eating disorder risk factors in athletes. The first survey, the Wrestling Weight Loss Methods Questionnaire (WWLMQ) was adopted from Oppliger et. al. when he surveyed college wrestlers on weight loss behaviors¹. The WWLMQ has 24 question survey which is divided into 4 sections: demographic information (4 questions), competitive performance and the extent of weight loss (12 questions), weight loss methods and sources of information on weight cutting (2 questions), and assessment of eating behaviors related to bulimia nervosa (BN) (6 questions). The WWLMQ survey was not originally created by Oppliger,¹ this version is a modified survey which has been used by other authors to examine the weight loss methods of high school wrestlers.

The WWLMQ by Oppliger¹ Test-retest reliability coefficients have been previously reported for the survey and are as follows: .94-1.0 for demographic information, .74-.99 for weight change items, .77-1.0 for weight loss methods, .65-.85 for assessment of eating behaviors and .88 for items on bingeing. The survey was also reviewed by members of the NCAA's Committee on Competitive Safe Guards and Medical Aspects of Sports, the chair of the USA Wrestling Research and Education Committee, as well as several athletic trainers and college wrestling coaches for content validity. ¹

The proposed study will also adopt the ATHLETE questionnaire (Hinton) as the second part of the questionnaire. The ATHLETE questionnaire is designed to measure psychological predictors for eating disorders within the athletic population. The questionnaire has two subsections; the first is a brief medical and sports history, and the second sub section contains 6 subscales with questions which correlate with eating disorders. The ATHLETE questionnaire has been identified as reliable and valid in female athletes though its validity and reliability have not been tested in the male population. The ATHLETE questionnaire has demonstrated reliability exceeding .74 for all 6 subscales and was above .82 for 4 of the 6 (Hinton).

6. **PROCEDURES**—Describe the study design and research procedures that will be followed. Identify all procedures that will be carried out with each group of subjects. If applicable, differentiate between procedures that involve standard or routine procedures for care or treatment from those which will be performed specifically for the conduct of this research project.

Procedure

IRB approval will be obtained prior to contacting wrestling programs across the country (Appendix B). Wrestling Athletic Trainers (AT) working with NCAA wrestling programs will be contacted using public sources. The wrestling programs will be contacted through information yielded on a search of collegiate NCAA wrestling program websites which constitutes public accessible information to ascertain agreement to participate. NCAA wrestling programs where the AT agrees to participate will be e-mailed the link to the survey. The survey will be e-mailed in the winter in order to provide adequate time for completion. The survey will also include informed consent question which each athlete will be required to complete to assess the survey (Appendix D).

The AT will also receive a reminder e-mail, after about 1.5 weeks, from the research committee as a reminder to distribute the link. Three weeks will be allowed for the return of information.

Descriptive statistics will be used to assess demographic data and describe weight loss methods employed by wrestlers. Descriptive statistics that will be used include frequencies, means, standard deviations and cross tabulations will be used to assess weight loss methods by demographic information. A factor analysis will be employed to assess validity on the instrument.

7. DATA COLLECTION, STORAGE, AND CONFIDENTIALITY

Describe how data will be collected and recorded. If subjects are identifiable by name or other means, explain special steps that will be taken to ensure confidentiality. Describe how data will be stored during the study and how it will be secured. Delineate who will have access to the data or to subject identifiers. Describe what will happen with data from subjects who formally withdraw from the study. Describe what will happen to the data when the research has been completed. [Note: Records (e.g., signed informed consent forms, data) relating to the research project must be retained for at least three years after completion of the research. See 45 CFR 46.115(b)]

Data will be collected online and it will not be possible to monitor the setting under which the athlete completes the survey.

If all or some of the subject(s) of the proposed research will be audio or videotaped, justify why the use of audio or videotaping is necessary to the study. Who will have access to the tapes and for what purposes? Where will the tapes be stored and what security measures will be taken to prevent unauthorized persons from accessing the tapes? What are your plans for the ultimate use and disposal of the tapes?

Not applicable

8. **INFORMED CONSENT**—Describe the informed consent procedures to be followed, including circumstances under which consent will be sought and obtained, who will seek it, and the method for documenting consent. If minors will be included, refer to 45 CFR 46.408 for information regarding parental consent and minor's assent. Include applicable informed consent and assent forms for review purposes. If written consent or a signed informed consent is not to be obtained, specifically point this out and provide a rationale [see 45 CFR 46.116(d) and 45 CFR 46.117(c)]. Refer to Appendix 3, Informed Consent Checklist, for required elements of

informed consent, information on conditions for waiver of some or all informed consent requirements, and for waiver of the requirement to obtain signed informed consent.

Each survey will contain an informed consent question at the beginning. If the athlete agrees to consent he will be allowed access to the survey, however if he denies consent he will be forwarded to the end of the survey.

RISKS/BENEFITS

9. **RISKS** – Describe the short-term and long-term potential risks (physical, psychological, social, legal or other) to subjects and assess their likelihood and seriousness. Where appropriate, describe alternative treatments or procedures that might be advantageous to the subjects. If risks are not greater than minimal risk, (i.e., the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests) state this.

The risk involved in participating in this study are not greater than minimal risk.

10. **SAFETY PRECAUTIONS**—Describe the procedures for protecting against or minimizing any potential risks, including risks to confidentiality. Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subject(s) and attach a referral list. Also, where appropriate, describe the provisions for monitoring the data collected to ensure the safety of subjects.

The surveys do not include any questions which include personal identifiers and remain anonymous.

11. **BENEFITS**—Describe the potential direct benefits subjects may receive as a result of participating in this research. Describe the potential benefits to society that may be expected from this research.

The subjects will not receive any direct benefits from participating in the study. The results of the study may provide information on the risk of eating disorders within the population of male wrestlers which is a population that has not been studied as extensively compared with the female population and other sport activities such as cross country and dance. The information acquired by this study may help health care professionals working with athletes to better understand the risks associated with eating disorders and better identify those athletes who may be at an increased risk.

12. **BENEFITS VS. RISKS**—Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

The benefits of the study outweigh the associated risks. The risks involved in the study are minimal to the wrestlers and although there is no direct benefit to the wrestlers for participating, the information gained for the study may help to identify other athletes who are at risk for an eating disorder. The information gained in this study may help to prevent eating disorders in some athletes or to help athletes with eating disorders sooner.

13. INCENTIVES AND RESEARCH RELATED COSTS—Describe the incentives, if any, being offered for participation in the research study. If monetary compensation is offered, indicate how much subjects (or other entity) will be paid and describe terms of payment. Describe what will be done if subjects withdraw before completion of the research (e.g., will monetary payments be prorated or paid in full?). Also, if applicable, describe any costs which will be accrued by the subjects as a consequence of participating in the research.

Not applicable

☐ Not Applicable

QUALIFICATIONS OF INVESTIGATORS

14. Briefly describe the qualifications of the investigators(s) conducting this research project.

All of the primary investigators are certified athletic trainers and licensed in the state of Indiana. All investigators have a master's degree and various years of research experience.

15. Briefly describe the training that will be provided for research assistants working on this research project.

Not applicable

☐ Not Applicable

16. STUDENTS'S THESIS OR DISSERTATION PROJECT: In the case of student thesis or dissertation project, the student's thesis or dissertation proposal must first be approved by the thesis or dissertation committee prior to submission to the IRB. Evidence of committee approval (e.g., signed proposal defense form) must be included in the submission packet. For thesis, dissertation, or other student research, a faculty member or EAP staff person must agree to supervise the project. You must give your sponsor "read only" access in IRBNet to allow their electronic signature.

☐ Not Applicable

OTHER (Provide information regarding the following if applicable)

17. DATA SAFETY AND MONITORING FOR NIH SPONSORED RESEARCH—The National Institutes of Health policy requires that grantees have in place procedures for data safety monitoring of clinical trials. The IRB is required to review and approve the data safety monitoring plans. For NIH funded clinical trials, include a description of the Data Safety Monitoring Plan.

Not applicable

☐ Not applicable

18. Describe any requirements imposed by funding agencies that are not already covered in this application.

Not applicable

☐ Not applicable

<p>SUBMIT ALL MATERIALS VIA IRBNET. THE IRB NO LONGER ACCEPTS HARD COPY DOCUMENTS.</p>

INFORMED CONSENT

You are being asked to participate in a study examining factors which may be related to eating disorders within athletics. The study will examine the methods used by athletes to rapidly lose weight and will also assess the validity of the survey tool's ability to detect eating disorder behaviors within the athletic male population. Your participation in this study will provide valuable information about the relationship between athletics and eating disorders. The information you provide may help athletic trainers and other health care professionals to identify athletes who are at risk for eating disorders and the complications associated with them. Although there are no direct benefits or compensation for your participation the information yielded may provide benefits for future athletes.

This study is being conducted utilizing a survey which should take about ten to fifteen minutes to complete. You should be completely honest during this survey and pay attention to the directions given to you. Your athletic trainer will provide you with specific directions to follow.

You are eligible to participate in this study if you are male, a wrestler and at least 18 years of age. If you participate in a sport which is not wrestling you are not eligible for participation in the study.

Your responses will be completely confidential and will not be revealed to your coach or any of your team mates. Participation and answers in this study will not affect practice or competition time. Any answers which contain personal identifiers will be eliminated and published results will not contain any identifiable information. Participation in this study is completely voluntary and refusal to participate will not result

in any penalty to the individual. If you have further questions you may ask your athletic trainer or contact Jessica Rea ATC, LAT at jrea@indstate.edu.

APPENDIX C: RAW DATA

Wrestling_ Weight_Loss_ WO HVWT .sav

	V1	V2	V3	V4	V5
1	R 9Hb49gKW0N3FTCc	Default Response Set	Anonymous		
2	R OXk9QtB5C6jyz40	Default Response Set	Anonymous		
3	R eOPbd7h8SWW061mc	Default Response Set	Anonymous		
4	R 3xABilzxrxfscQ	Default Response Set	Anonymous		
5	IR 9vqXz4dqvUZo10g	Default Response Set	Anonymous		
6	R 3mcDu5LLguflnKl	Default Response Set	Anonymous		
7	R 861faHoiAaw33WA	Default Response Set	Anonymous		
8	R 6mnls8RAARbThGs	Default Response Set	Anonymous		
9	R bPFgYBdhziPwdz6	Default Response Set	Anonymous		
10	R dmbuohQ6FmMWb ..	Default Response Set	Anonymous		
11	R bdXvtlbgK8HODru	Default Response Set	Anonymous		
12	R aa4goEa~v9Ax3m	Default Response Set	Anonymous		
13	R 3DyqxnONjxYTu5e	Default Response Set	Anonymous		
14	R 8ewaquhOBHOCKis	Default Response Set	Anonymous		
15	R 9FcPAjxlWrnt9zu	Default Response Set	Anonymous		
16	R bNNddCycnzQ9950	Default Response Set	Anonymous		
17	R OOGUTRla3gFCVvk8	Default Response Set	Anonymous		
18	R OJIV5MsnWTMnOE4	Default Response Set	Anonymous		
19	R 230m7FHxwq2pZT6	Default Response Set	Anonymous		
20	R OU4JXFOWSmX1W.	Default Response Set	Anonymous		
21	R ODPHFngTRBNVqp6	Default Response Set	Anonymous		
22	R 3xAzhU30zn07yny	Default Response Set	Anonymous		
23	R 9SjuDNyaaxOaSVK	Default Response Set	Anonymous		
24	R 6RkvJ HVS9Zm LKYI	Default Response Set	Anonymous		
25	R br9mXemNML04EE	Default Response Set	Anonymous		
26	R cuwqglrDuwEpicc	Default Response Set	Anonymous		
27	R eKZSwba9cTm6hso	Default Response Set	Anonymous		
28	R_ 8Cfmn6YdKDinGOI	Default Response Set	Anonymous		
29	R OJuOfXcLhiytmEO	Default Response Set	Anonymous		
30	R 1N3KC74iM28A6bi	Default Response Set	Anonymous		
31	R 9FTqMUclGQk38ji	Default Response Set	Anonymous		
32	R 3kkIZbnAarzpoWO	Default Response Set	Anonymous		
33	R 60M6161VxmZe3TS	Default Response Set	Anonymous		
34	R doRrOlo7YKBCatm	Default Response Set	Anonymous		
35	R a8Xy6NXV9PccZOA	Default Response Set	Anonymous		

Wrestling_Weight_Loss_WO HVWT.sav

	V6	V7	V8	V9	V10	Participation	Yr. In Col	Age	Weight	Height
1		0	7-0ec- ..	7-0ec- ...	1	1				
2		0	7-0ec- ...	7-0ec- ...	1	2				
3		0	13-0e ...	13-0e ..	1	1	1	18	144	69
4		0	13-0e ..	13-0e ...	1	1	4	21	153	65
5		0	13-0e ...	13-0e ...	1	1	3	20	170	73
6		0	14-0e ...	14-09 ...	1	1	4	21	155	56
7		0	7-0ec- ...	7-0ec- ...	0					
8		0	15-0e ...	15-0e ...	1	1	1	18	170	68
9		0	16-0e ...	16-0e ..	1	1	3	22	155	67
10		0	16-0e ..	16-0e ...	1	1	3	22	170	68
11		0	16-0e ...	16-0e ...	1	1	1	18	140	67
12		0	16-0e ..	16-0e ...	1	1	3	20	155	68
13		0	16-0e ..	16-0e ...	1	1	2	19	180	69
14		0	16-0e ..	16-0e ...	1	1	2	19	190	73
15		0	16-0e ..	16-0e ..	1	1	3	21	177	68
16		0	13-0e ...	13-0e ...	0					
17		0	16-0e ...	16-0e ...	0	1				
18		0	16-0e ...	16-0e ...	0	1				
19		0	16-0e ..	16-0e ...	0	1	2	20	208	73
20		0	25-0e ...	25-0e ...	1	1				
21		0	31-0e ..	31-0e ...	1	1	1	19	125	68
22		0	31-0e ..	31-0e ...	1	1	2	19	164	66
23		0	31-0e ..	31-0e ...	1	1	3	21	130	66
24		0	2-Jan- ..	2-Jan- ..	1	1	1	19	162	69
25		0	2-Jan- ..	2-Jan- ..	1	1	3	20	203	73
26		0	2-Jan- ..	2-Jan- ...	1	1	3	20	155	67
27		0	3-Jan- ..	3-Jan- ..	1	1	1	18	136	65
28		0	4-Jan- ..	4-Jan- ..	1	1	1	18	194	75
29		0	4-Jan- ..	4-Jan- ..	1	1	4	21	125	65
30		0	4-Jan- ..	4-Jan- ..	1	1	4	21	155	67
31		0	4-Jan- ..	4-Jan- ..	1	1	2	19	125	58
32		0	4-Jan- ..	4-Jan- ..	1	1	3	20	148	69
33		0	4-Jan- ..	4-Jan- ..	1	1	1	20	205	73
34		0	4-Jan- ..	4-Jan- ..	1	1		20	185	71
35		0	4-Jan- ..	4-Jan- ..	1	1	3	20	167	68

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Wrestling_Weight_Loss_WO HVWT.sav

	Weight Class Last Year	Age started	Do You Cut Wt	Age Start Cut Wt
1				
2				
3	130	12	1	16
4	149	15	1	15
5	157	12	1	12
6	141	8	1	13
7				
8	171	12	1	14
9	133	8	1	
10	157	5	1	15
11	125	7	1	13
12	141	5	1	13
13	165	8	1	13
14	174	5	1	16
15	165	17	1	18
16				
17				
18				
19	184	5	1	13
20				
21	119	4	1	14
22	157	4	1	17
23	125	8	1	14
24	157	5	1	10
25	197	10	1	13
26	141	12	1	14
27	125	12	1	14
28	171	12	1	15
29	125	14	1	17
30	141	6	1	11
31	112	6	2	
32	141	6	1	
33	197	14	1	17
34	165	9	1	17
35	165	14	1	16

Wrestling_Weight_Loss_WO HVWT.sav

	Desired Weight	Most Weight Cut	Times Cut Weight
1			
2			
3	155	7	
4	141	22	
5	157	15	8
6	141	12	15
7			
8	165	7	
9	141	12	
10	180	20	30
11	135	15	20
12	133	15	18
13		15	3
14	174	22	10
15	170	18	3
16			
17			
18			
19	197	20	3
20			
21	125	0	0
22	157	8	4
23	130	5	6
24	175	15	1
25	197	20	3
26	165	15	7
27	140	15	5
28	184	20	10
29	125	5	20
30	141	7	14
31			
32	141	20	20
33	200	15	8
34	165	25	20
35	157		1

Wrestling_Weight_Loss_WO HVWT.sav

	WtFlux	PostSeasonWt	Self- Perception	Restrict Food	Frame	Mothers Frame
1						
2						
3	5	140	2	3	1	3
4	15	165	3	5	2	3
5	9	175	2	5	2	2
6	9	154	3	3	1	2
7						
8	5	178	3	4	2	2
9	8	155	4	4	2	2
10	10	185	2	5	2	2
11	10	140	3	5	1	2
12	10	157	3	5	2	2
13	5	185	3	2	2	2
14	15	197	3	5	3	2
15	15	177	3	3	2	2
16						
17						
18						
19	14	220	3	5	3	3
20						
21	0	125	1	3	1	1
22	6	173	3	3	2	2
23	5	133	3	2	1	2
24	8	180	3	4	2	2
25	7	210	3	3	3	2
26	10	165	3	4	2	2
27	10	140	3	3	1	2
28	8	200	4	4	3	1
29	7	135	3	3	1	2
30	8	155	3	1	1	2
31						
32	15	156	3	5	2	2
33	10	205	3	3	3	3
34	8	185	3	5	2	2
35	6	171	3	3	2	3

Wrestling_ Weight_Loss_ WO HVWT.sav

	Fathers Frame	Family Wt Prob	Injuries	Q38_1	Q38_2	Q38_3
1						
2						
3	2		broken left thumb twic ...	5	5	5
4	2	None diabetes is pre ...	Yes,Dislocation of bot...	1	1	3
5	2	mother's side females ...	broken fingel"\$, broken ...	1	1	1
6	2	no	2 sprained ankles, spr ...	4	2	4
7						
8	2		Broke right elbow; is n ...	5	2	4
9	2		hurt my knee a couple ...	1	2	4
10	2	Mother side is heavy	stingers, pulled ham s ...	1	2	5
11	2	aside from a few retatL	concussion, minor inju ...	1	2	3
12	2	none	two tom labrums (hips ...	2	1	3
13	2		concussions	2	2	3
14	2	My family used to hav ...	Meniscus Removal Su ...	2	3	5
15	2	none	Injured R ICI Freshm ...	2	2	4'
16						"
17						
18						
19	2	no weight problems ju ...	concussions head got...	3	3	4
20						
21	1	1	2 fractured ankles, 2 fr ...	1	2	1
22	2	2	I busted my eardrum ...	2	3	3
23	2	none	Sprained MCI, one co ...	2	3	4
24	2		labral Tear of Right S ...	1	1	1
25	3			2	4	3
26	2		ACISurgery	2	2	1
27	2			1	1	1
28	3		Broken handbroken fo ...	4	5	5
29	2	N/A	High ankle sprain and ...	4	2	5
30	2		None	1	1	1
.31						
32	3			2	2	2
33	2	no	hyperextended left hnd	2	4	5
3.4	2	no	torn rotator cuff and to ...	2	4	2
35	1	obesity	shoulder and elbow joi. ...	4	4	5

Wrestling_Weight_Loss_WO HVWT.sav

	Q38_4	Q38_5	Q11_1	Q11_2	Q11_3	Q11_4	Q11_5	Q11_6	Q11_7
1									
2									
3	5	5	4	4	3	5	2	3	5
4	1	1	5	4	2	3	2	2	4
5	3	1	5	5	2	5	4	1	4
6	4	2	4	3	3	4	3	3	4
7									
8	5	1	2	1	1	1	1	1	2
9	2	2	4	4	3	5	5	3	5
10	2	2	5	5	3	4	4	3	5
11	2	1	5	4	1	4	1	1	4
12	2	1	4	4	3	3	3	4	4
13	3	2	4	2	2	4	4	4	4
14	4	2	5	3	1	2	2	1	4
15	4	3	3	3	3	4	4	2	4'
16									
17									
18									
19	4	2	4	2	1	4	3	1	4
20		,							
21	4	2	4	2	3	3	3	3	4
22	2	2	4	3	3	4	3		3
23	2	2	4	4	1	4	3	1	2
24	2	2	2	1	2	2	4	1	4
25	4	4	4	4	4	5	5	3	3
26	2	2	2	2	1	4	3	3	5
27	2	2	2	2	1	4	2	2	5
28	4	4	4	3	3	5	3	3	3
29	5	3	4	4	2	2	1	1	4
30	5	3	1	1	1	1	1	4	4
31									
32	2	2	2	1	1	2	2	1	2
33	4	2	4	4	4	4	4	3	5,
34	4	3	4	5	4	5	4	2	3
35	5	3	2	2	2	2	3	1	2

Wrestling_Weight_loss_WO HVWT.sav

	Q11_8	Q11_9	Q11_10	Q11_10_TEXT		A	Q18	Q18B	Q19_1
1						1			
2									
3	3	3				1	3		
4	2	3				1	3		
5	1	1				1	3		1
6	3	3				1	3		
7									
8	1	1				1	1		1
9	4	3				1	3	3	
10	3	3	3			1	4	4	
11	1	1				1	3		
12	3	3				1	3	4	
13	3	3				1	2		
14	1	2				1	3		
15	2	2				1	2	1	1
16									
17									
18									
19	1	1	1			1	2		
20						1			
21	3	3				1	1		1
22	3	3				1	1		1
23	1	2				1	2		
24	1	1				1	2		
25	4	4				1	1		1
26	2	2				1	2		
27	3	3				1	1		1
28	3	3				1	1		
29	1	1	1			1	2		
30	4	1	1			1	1		1
31	.,					1			
32	1	1	1			1	4	3	
33	3	5				1	2		1
34	3	2				1	4		2
35	1	1	1			1	2		

Wrestling_ Weight_Loss_ WO HVWT.sav

	Q19_2	Q19_3	Q19_41	Q19_5	Q19_6	Q20	Q21	Q22	Q23_1
1									
2									
3					1	2	2	2	1
4				1		3	3	2	1
5				1		2	3	2	1
6				1		2	2	2	1
7									
8						1	1	1	3
9					1	2	2	2	2
10					1	2	3	2	1
11				1		3	2	2	1
12				1		3	3	2	2
13				1		1	1	1	1
14				1		3	4	2	1
15						1	2	2	2
16									
17									
18									
19		1		1		3	4	3	1
20									
21						1	1	1	1
22						1	1	1	1
23				1		2	2		1
24				1		2	2	2	1
25						1	1	1	1
26				1		2	2	2	2
27						1	1	1	1
28									1
29					1	2	2	2	
30						1	1	1	1
31									1
32				1		3	4	3	2
33						1	1	1	3
34				1		2	2	2	1
35					1	3	3	3	

	Q23_2	Q23_3	Q23_4	Q24_1	Q24_2	Q24_3	Q24_4	Q24_5	Q24_6
1									
2									
3	1	1	2	1	3	1	3	5	5
4	3	4	4		5	3	4	5	4
5	4	4	2	1	4	3	4	5	5
6	1	1	1	5	3	1	3	3	1
7									
8	4	3	2	5	2	1	3	5	5
9	3	4	3	5	4	3	4	4	3
10	2	5	5	5	5	4	4	5	5
11	4	5	5	4	4	3	3	4	4
12	4	5	3	3	3	3	2	5	5
13	2	2	2	3	2	1	2	3	1
14	2	5	3		5	3	4	5	5
15	4	4	2	1	1	1	1	2	4
16									
17									
18									
19	4	5	2	5	4	2	3	5	3
20									
21	1	1	1	2	2	1	1	5	3
22	2	2	3	5	1	1	1	5	
23	1	3	2	2	2	1	2	2	2
24	3	4	3	3	3	3	4	5	4
25	1	1	1	3	2	1	2	2	1
26	3	4	3	3	3	3	4	5	4
27	2	2	2	3	3	3	4	5	4
28	3	1	3	5	4	2	4	5	5
29	2	2	3	4	3	1	2	4	3
30	1	1	1	5	1	1	3	1	1
31									
32	2	3	2	1	4	3	4	5	4
33	2	1	3	3	3	3	3	3	4
34	1	1	1	5	4	3	3	5	5
35	3	3	3	5	2	2	3	3	1

Wrestling_Weight_Loss_WO HVWT.sav

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	Q24_7	Q24_8	Q24_9	Q24_10	Q24_11	Q24_12	Q24_13	Q24_14	Q39_1
1									
2									1
3	1	1	2	1	1	1	1	1	1
4	1	4	4	1	1	1	1	1	2
5	1	1	5	1	1	1	1	1	2
6	2	4	1	1	1	1	1	1	2
7									
8	1	1	1	1	1	1	1	1	2
9	2	2	1	1	1	1	1	1	2
10	3	4	4	1	1	1	1	1	4
11	3	3	5	1	1	1	1	1	2
12	3	3	3	1	1	1	1	1	4
13	1	1	1	1	1	1	1	1	3
14	2	4	3	1	1	1	1	1	1
15	1	1	1	1	1	1	1	1	2
16									
17									
18									
19	1	4	1	4	1	1	1	2	3
20									
21	1	1	1	1	1	1	1	1	2
22	1	1	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1	1	4
24	1	1	1	1	1	1	1	1	2
25	1	1	1	1	1	1	1	1	3
26	3	1	1	1	1	1	1	1	3
27	1	1	1	1	1	1	1	1	2
28	4	1	2	1	1	1	1	1	5
29	1	1	2	1	1	1	1	1	2
30	1	1	1	1	1	1	1	1	1
31									
32	4	4	4	1	1	1	1	1	1
33	1	1	1	1	1	1	1	1	2
34	4	1	1	1	1	1	1	1	4
35	1	1	1	1	1	1	1	1	1

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Wrestling_ Weight_Loss_ WO HVWT .sav

	Q39_2	Q39_3	Q39_4	Q39_5	Q39_6	Q39_7	Q39_8	Q39_9	Q39_10
1									
2									
3	2	4	4	2	1	1	3	1	3.
4	4	5	4	4	3	4	4	4	3
5	2	4	5	4	1	5	4	5	4
6	4	4	3	2	1	2	2	3	2
7									
8	4	5	4	4	3	3	2	4	3
9	3	3	4	4	3	2	3	4	3
10	4	5	5	5	1	4	2	5	1
11	1	5	4	5	1	3	4	5	3
12	4	5	5	5	4	5	5	5	4
13	3	3	4	4	4	4	3	3	3
14	2	5	5	2	1	1	5	5	3
15	4	3	4	3	2	4	4	4	2
16									
17									
18									
19	4	4	4	5	4	4	5	5	5
20									
21	2	2	2	2	1	1	1	2	2
22	4	4	4	4	3	2	2	2	3
23	3	3	4	3	2	2	4	4	1
24	1	3	3	2	2	2	4	5	1
25	3	2	3	3	1	1	1	1	1
26	3	4	4	4	2	2	4	3	3
27	2	4	4	4	3	3	3	4	4
28	5	2	5	4	3	1	5	4	1
29	2	4	5	3	3	2	3	2	2
30	1	1	1	1	1	1	1	1	1
31									
32	1	3	5	5	1	5	5	5	4
33	2	4	4	3	3	4	4	4	2
34	4	2	4	4	1	2	2	4	2
35	4	5	4	4	4	3	3	3	2

Wrestling_Weight_Loss_WO HVWT.sav

	Q39_11	Q39_12	Q40_1	Q40_2	Q40_3	Q40_4	Q40_5	Q40_6	Q40_7
1									
2									
3	2	3	1	1	4	2	1	1	4
4	3	3	5	1	5	5	1	4	4
5	3	2	5	5	5	5	5	5	5
6	4	4	2	2	2	2	2	2	2
7									I
8	2	3	2	1	1	1	1	1	1
9	4	4							
10	3	3	2	3	4	4	4	4	4
11	2	4	3	3	2	4	4	4	5
12	4	4	3	2	3	3	2	2	3
13	3	3	1	1	1	1	1	1	1
14	2	1	3	4	2	4	5	3	4
15	4	3	2	2	3	2	3	2	4
16									
17									
18									
19	2	3							
20									
21	4	4	4	3	3	3	3	4	3
22	3	4	2	2	4	4	2	4	4
23	3	4	2	2	2	2	2	4	5
24	3	3	5	2	4	4	1	4	4
25	4	4	1	2	2	2	2	2	2
26	2	3	4	2	2	4	2	4	4
27	3	4	4	3	3	4	2	3	3
28	2	1	2	2	4	4	2	2	4
29	4	2	4	3	1	2	2	4	4
30	5	5	5	1	1	1	1	1	1
31									
32	3	1	4	3	4	4	4	4	4
33	4	2	2	1	2	4	2	1	4
34	4	1	4	2	4	4	2	4	5
35	2	2	3	3	3	3	3	3	3

Wrestling_Weight_Loss_ WO HVWT.sav

	Q41_1	Q41_2	Q41_3	Q41_4	Q42_1	Q42_2	Q42_3	Q42_4	Q42_S
1									
2									
3	1	1	4	3	1	1	1	1	1
4	2	1	3	4	1	1	1	1	1
5	1	1	5	3	1	2	2	2	2
6	1	1	4	3	2	2	2	2	2
7									
8	1	1	5	5	1	1	1	1	1
9									
10	2	3	5	4	1	1	1	1	1
11	1	1	5	5	1	1	1	1	1
12	3	3	5	5	3	2	1	1	1
13	1	1	5	5	1	1	1	1	1
14	2	1	5	5	1	3	1	1	3
15	2	2	5	3	1	2	2	2	3
16									
17									
18									
19									
20									
21	2	2	3	3	1	1	1	1	1
22	2	5	5	2	2	2	2	2	
23	1	1	4	4	1	1	1	1	1
24	2	2	5	3	2	4	2	2	2
25	2	2	4	4	1	1	1	1	1
2	2	5	4	1	4	2	2	2	
27	1	1	1	1	2	4	3	3	3
28	2	2	5	3	3	3	3	3	4
29	1	1	4	4	1	1	1	1	1
30	1	1	5	5	1	1	1	1	1
31									
32	2	1	4	3	1	1	1	2	2
33	2	2	4	4	1	2	2	2	2
34	2	2	5	4	1	1	1	1	2
35	3	4	3	3	2	2	2	2	2

Wrestling_ Weight_Loss_ WO HVWT.sav

	Q42_6	Q43_1	Q43_2	Q43_3	Q43_4	Q43_5	Q44	Q45_1	Q45_2
1									
2									
3	1	1	3	1	1	3	2		
4	1	1	1	1	1	1	2		
5	1	1	4	1	1	3	2		
6	2	1	1	1	1	1	2		
7									
8	1	1	1	1	1	1	2		
9							2		
10	1	1	1	1	1	1	2		
11	1	1	3	1	1	1	2		
1?	1	3	3	2	2	2	2		
13	1	1	1	1	1	1	2		
14	1	1	4	3	2	1	2		
15	2	1	2	2	2	2	2		
16									
17									
18									
19									
20									
21	1	1	1	1	1	1	2		
22	1	1	1	1	1	1	2		
23	1	3	1	1	1	2	2		
24	1	1	1	1	1	1	2		
25	1	1	1	1	1	1	2		
26	2	2	3	2	2	2	2		
27	1	2	4	2	2	2	2		
28	4	2	4	1	1	3	2		
29	1	1	1	1	1	1	2		
30	1	1	1	1	1	1	2		
31									
32	1	2	2	2	2	2	2		
33	2	2	4	1	1	4	2		
34	1	1	1	1	1	1	2		
35	2	2	2	2	2	2	2		

Wrestling_Weight_Loss_WO HVWT.sav

	Q45_3	Q45_4	Q45_5	Q45_6	Q45_6_TEXT	Q46
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

Wrestling_Weight_Loss_WO HVWT.sav

	Q46_TEXT	Q47	Q48	Q49.0
1				
2				
3			1	
4				
5				
6			1	
7				
8			1	
9			1	
10				
11			1	
12				
13				
14			1	
15				
16				
17				
18				
19				
20				
21			1	
22			1	
23				
24				
25				
26				
27				
28			1	
29			1	
30				
31				
32			1	
33			1	
34				
35				

Wrestling_Weight_Loss_WO HVWT.sav

	V1	V2	V3	V4	V5
36	R 3eKqnrmapbgmSNe	Default Response Set	Anonymous		
37	R 9sCWm4uAhY4gV2k	Default Response Set	Anonymous		
38	R bCRnsAXzeF1tn>c	Default Response Set	Anonymous		
39	R b3kuLP4Lgfr1 qSM	Default Response Set	Anonymous		
40	R 1BzavOzpXxcRxOU	Default Response Set	Anonymous		
41	R_baBBKkysOWg4SPy	Default Response Set	Anonymous		
42	R cBL6ptv6BfeXcdS	Default Response Set	Anonymous		
43	R eXlJearbl7Mn8EY	Default Response Set	Anonymous		
44	R_2gfILfZtw366s96	Default Response Set	Anonymous		
45	R 6Mz11FFektVhnxO	Default Response Set	Anonymous		
46	R cu95110z0ckiSew	Default Response Set	Anonymous		
47	R dgON9D4WfyyFBRO	Default Response Set	Anonymous		
48	R eyzXeHjTIGMHHRm	Default Response Set	Anonymous		
49	R 9Eof9QxNGdVzhkO	Default Response Set	Anonymous		
50	R 57RZWQR8EB8kv52	Default Response Set	Anonymous		
51	R_3eeDlz3y8yBE7Bi	Default Response Set	Anonymous		
52	R 1WUyEHKnBuxm1 ...	Default Response Set	Anonymous		
53	R 3EOF2cgDBody6Xi	Default Response Set	Anonymous		
54	R 81ftDPZdiyFOQyE	Default Response Set	Anonymous		
55	R 7WdHehgbzGnaJ8M	Default Response Set	Anonymous		
56	R erDYfavbU2h4SEY	Default Response Set	Anonymous		
57	R effhwlNgcswD2rq	Default Response Set	Anonymous		
58	R 0llZg9126tnABBW	Default Response Set	Anonymous		
5a	R cuaYbGqSrbg2jhW	Default Response Set	Anonymous		
60	R 79tssags3U2r1 EU	Default Response Set	Anonymous		
61	R OB8zbvYuMi8KpMw	Default Response Set	Anonymous		
62	R Oe84Ke2T JTdy7tO	Default Response Set	Anonymous		
63	R 6gGLMIVUP6tLZru	Default Response Set	Anonymous		
64	R 5mQrSafLQ098ow4	Default Response Set	Anonymous		
65	R ddwLGXeRvrPW66E	Default Response Set	Anonymous		
66	R 410rk4QJaqjsrHe	Default Response Set	Anonymous		
67	R OdrblplIBGSvh7m	Default Response Set	Anonymous		
68	R_cT3Mvx2adRx6jOE	Default Response Set	Anonymous		
69	R 3qlDOIZ9ASoPqAI	Default Response Set	Anonymous		
70	R beB3cTG6r5dW08s	Default Response Set	Anonymous		

Wrestling_Weight_Loss_WO HVWT.sav

	V6	V7	V8	V9	V10	Participation	YrinCol	Age	Weight	Height
36		0	4-Jan- ..	4-Jan- ..	1	1	3	20	298	71
37		0	5-Jan- ..	5-Jan- ..	1	1				
38		0	5-Jan- ..	5-Jan- ..	1	1	1	19	150	70
39		0	5-Jan- ..	5-Jan- ..	1	1	1	18	165	70
40		0	5-Jan- ..	5-Jan- ...	1	1	1	20	210	75
41		0	5-Jan- ..	5-Jan- ..	1	1	2	19	160	71
42		0	5-Jan- ..	5-Jan- ..	1	1	2	20	174	68
43		0	24-De ...	29-De ...	0	1				
44		0	t-Jan- ..	1-Jan- ..	0	1	3	21	195	71
45		0	8-Jan- ..	8-Jan- ..	1	1	4	22	197	73
46		0	9-Jan- ..	9-Jan- ..	1	1	2	20	175	74
47		0	9-Jan- ..	9-Jan- ..	1	1	1	18	125	66
48		0	9-Jan- ..	9-Jan- ...	1	1	2	20	175	70
49		0	9-Jan- ..	9-Jan- ..	1	1	3	21	200	62
50		0	z-Jan- ..	2-Jan- ..	0	1	3	21	140	65
51		0	9-Jan- ..	9-Jan- ..	1					
52		0	9-Jan- ..	9-Jan- ..	1	1	2	19	200	71
53		0	s-Jan- ..	9-Jan- ..	1	1	3	20	150	67
54		0	9-Jan- ..	9-Jan- ..	1	1	4	21	138	69
55		0	s-Jan- ..	9-Jan- ..	1	1	1	19	158	68
56		0	9-Jan- ..	9-Jan- ..	1	1	2	19	148	68
57		0	s-Jan- ..	9-Jan- ..	1	1	3	21	209	71
58		0	9-Jan- ..	9-Jan- ..	1	1	4	21	155	69
59		0	10-Jan ...	10-Jan ..	1	1	4	22	175	68
60		0	10-Jan ...	10-Jan ..	1	1	2	20	140	67
61		0	10-Jan ..	10-Jan ..	1	1	4	21	140	56
62		0	10-Jan ..	10-Jan ..	1	1	4	22	135	64
63		0	10-Jan ..	10-Jan ..	1	1	4	22	157	69
64		0	10-Jan ..	10-Jan ..	1	1	3	20	200	71
65		0	10-Jan ..	10-Jan ...	1	1	1	19	184	74
66		0	10-Jan ..	10-Jan ..	1	1	4	22	190	73
67		0	10-Jan ..	10-Jan ..	1	1	1	19	151	68
68		0	10-Jan ..	. 10-Jan ..	1	1	2	20	145	68
69		0	10-Jan ..	10-Jan ..	1	1	2	19	130	64
70		0	10-Jan ..	10-Jan ..	1	1	3	21	187	74

Wrestling_Weight_Loss_WO HVWT.sav

	Wtclasslastyr	Agestarted	DoUCutWt	AgeStartCutWt
36	197	14	1	14
37				
38	135	6	1	14
39	152	5	1	14
40	197	5	1	8
41	141	2	1	13
42	174	6	2	
43				
44	184	3	1	12
45	184	7	1	12
46	165	4	1	14
47	125	5	1	13
48	165	7	1	10
49	184	12	1	17
50	133			
51				
52	197	4	2	10
53	133	8	1	16
54	125	11	1	16
55	135	11	1	16
56	141	11	1	14
57	197	13	1	19
58	133	11	1	12
50	165	4	1	14
60	125	5	1	15
61	133	5	1	9
62	125	15	1	17
63	157	4	1	14
64	174	11	1	15
65	171	12	1	16
66	184	8	1	15
67	130	15	1	16
68	133	13	1	15
69	125	4	1	8
70	184	12	1	14

Wrestling_Weight_Loss_WO HVWT.sav

	DesiredWt	MostWtCut	TimesCutWt
36	189	10	17
31			
38	141	21	20
39	165	7	3
40	197	15	7
41		15	7
42	174		
43			
44	184		
45	184	25	14
46	165	15	10
47	125	23	10
48	165	20	
49	184	10	10
50			
51			
52	200	16	2
53	133	20	15
54	135	15	15
55	160	13	15
56	145	10	8
57	183.5	35	1
58	155	22	12
59	165	8	15
60	125	10	5
61		9	
62	140	8	6
63	157		
64	179	15	20
65	190	9	50
66	188	10	6
67	148	10	40
68	141	8	
69	125	12	5
70	184	4	1

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Wrestling_Weight_Loss_WO HVWT.sav

	WtFlux	PostSeasonWt	Self-Perception	Restrict food	Frame	Mothers Frame
36	10	205	3	5	3	2
37						
38	8	150	2	5	2	2
39	5	160	3	3	2	2
40	10	220	3	3	3	3
41	5	168	3	5	2	3
42	5	180	3	3	2	3
43						
44	10	220	3	5	3	3
45	15	205	3	4	3	2
46	10	185	3	4	2	2
47	5	148	3	4	2	1
48	15	175	3	4	2	2
49	16	205	3	5	2	3
50						
51						
52	8	200	2	3	3	2
53	5	150	2	4	1	3
54	13	135	2	4	1	2
55	10	155	2	5	2	2
56	8	155	3	3	2	2
57	12	230	4	3	1	3
58	7	152	3	4	2	2
59	10	175	3	4	2	2
60	7	137	2	4	1	2
61	7	147	3	4	1	2
62	5	132	3	3	1	2
63	10	180	2	5	2	3
64	10	190	3	5	3	2
65	5	180	3	4	3	2
66	7	197	3	3	2	3
67	5	150	2	3	2	1
68	4	150	3	4	2	2
69	10	142	3	4	1	2
70	3	193	2	2	2	2

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Wrestling_Weight_Loss_ WO HVWT.sav

	Fathers Frame	FamilyWtProb	Injuries	Q38_1	Q38_211	Q38_3
36	3			1	1	1
37						
38	2	None	2 concussions, 1 brok ...	2	1	4
39	2	none	sprained ankle	5	2	5
40	3	Not really, just a little -	Torn ACL, torn menisc ...	2	2	3
41	2		high school: senior ye ...	4	4	5
42	3		Sprained right ankle.	4	5	5
43						
44	3			1	1	1
45	3	Grandmother and fath	Knees, Shoulders. Po ...	2	1	2
46	2			4	4	5
47	2	none	torn labrum, concussi...	1	1	5
48	3		Dislocated thumbBurs ...	4	3	5
49	2	My mother's side of th	Multiple meniscus tea ...	5	2	5
50						
51						
52	2		Fractured Scapula an ...	1	2	2
53	3		concussion	2	1	4
54	2			2	2	3
55	2		Broken foot freshmen ...	2	4	5
56	2	none	I have hurt my neck tw ...	2	3	1
57	2	No	Torn knee ligaments, ...	5	2	5
58	1		Bursitis in my left sho ...	2	1	3
59	2		knee	2	1	4
60	3			5	3	5
61	2		I have had to get stitc ...	4	3	2
62	2			1	1	1
63	2		torn labrum, knee burs ...	1	2	1
64	2	I have 2 overweight au	Grade 2 tear of my UC ...	1	1	1
65	2	n/a	n/a	5	3	5
66	2			3	2	3
67	3			1	1	3
68	2		Tom ACL beginning of ...	2	4	4
69	2		Concussions	4	2	2
70	3	My dad side of the fa ...	None.	4	2	5

Wrestling_ Weight_Loss_ WO HVWT .sav

	Q38_4	Q38_5	Q11_1	Q11_2	Q11_3	Q11_4	Q11_5	Q11_6	Q11_7
36	1	1	4	4	1	4	4	4	4
37									
38	3	2	3	3	2	5	3	3	4
39	5	5	4	1	1	4	4	1	1
40	5	4	4	4	4	4	4	4	4
41	5	4	5	4	2	2	3	5	
42	5	2	2	2	2	2	4	1	2
43									1
44	2	1	4	2	3	5	5	3	5
45	2	2	4	3	3	3	3	3	2
46	4	3	2	2	3	4	2	2	4
47	5	1	1	1	1	1	1	1	1
48	5	3	3	3	1	3	2	1	3
49	4	2	5	4	4	3	3	4	3
50									
51									
52	4	1	5	5	5	5	5	5	5
53	4	3	3	3	4	4	3	1	4
54	2	2	4	4	4	3	4	3	4
55	5	4	4	3	1	2	2	1	1
56	3	1	2	4	3	5	3	2	3
57	5	2	4	3	1	2	1	1	4
58	2	2	4	3	1	1	2	4	4
59	4	1	1	1	1	1	1	1	1
60	5	4	5	4	2	4	4	1	3
61	3	2	4	2	2	4	4	3	4
62	3	2	4	3	3	3	4	3	4
63	2	1	1	1	1	2	2	1	2
64	3	2	5	4	1	3	1	2	3
65	5	5	3	3	3	4	3	3	3
66	4	4	4	4	3	3	3	3	3
67	2	2	2	3	2	3	3	3	2
68	2	1	4	4	3	4	3	3	3
69	3	3	3	4	1	4	4	1	1
70	4	3	4	4	3	3	4	3	4

Wrestling_Weight_Loss_WO HVWT.sav

	Q11_8	Q11_9	Q11_10	Q11_10_ TEXT	A	Q18	Q18B	Q19_1
36	4	3			1	2	4	
37					1			
38	2	1			1	2		
39	1	1			1	2		
40	4	4			1	1		1
41	1	3			1	2		
42	2	1			1	1		
43								
44	3	3			1	1		1
45	3	3			1	2		
46	2	4	3		1	3		
47	1	1			1	1		1
48	2	2	5	Me	1	4		
49	1	4			1	3	3	
50								
51					1			
52	3	3			1	1		1
53	3	2			1	2		
54	3	4			1	2		
55	1	1			1	3		
56	1	1	5	off season coaches	1	2		
57	3	4	5	High Basal	1	4	4	
58	3	1	5	Brother	1	3		
59	1	1			1	1		1
60	1	1			1	3		
61	3	3			1	2		
62	3	3			1	2		1
63	1	4			1	3		
64	1	5			1	3		
65	3	3			1	1		1
66	1	3			1	3		
67	3	3			1	2		
68	4	3	3		1	2		
69	1	1			1	2		
70	3	3			1	2		

	Q19_2	Q19_3	Q19_4	Q19_5	Q19_6	Q20	Q21	Q22	Q23_1
36					1	2	2	2	1
37									
38					1	3	2	3	1
39					1	2	2	2	1
40						1	1	1	2
41					1	2	2	2	1
42						1	1	1	1
43									
44						1	1	1	1
45				1		3	3	3	2
46				1		2	2	2	1
47						1	1	1	1
48					1	2	2	2	1
49	1			1		5	4	4	3
50									
51									
52						1	1	1	1
53				1		2	2	2	1
54					1	2	2	2	1
55					1	2	3	2	2
56					1	2	2	2	3
57				1		5	5	3	2
58					1	2	2	2	1
59						1	1	1	1
60					1	2	2	2	1
61				1		2	2	2	1
6'					1	3	3	4	1
63	1			1		2	4	3	2
64				1		2	2	2	1
65						1	1	1	1
66					1	3	3	2	2
67					1	2	2	2	3
68				1		2	2	2	1
69					1	2	2	2	1
70					1	2	2	2	3

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	Q23_2	Q23_3	Q23_4	Q24_1	Q24_2	Q24_3	Q24_4	Q24_5	Q24_6
36	5	5	5	1	5	5	5	5	5
37									
38	1	1	1	5	3	1	5	4	4
39	1	2	2	5	2	1	3	2	5
40	3	2	3	5	1	1	1	5	5
41	1	1	1	3	2	1	1	5	2
42	1	1	1	5	1	1	3	5	1
43									
44	5	4	5	5	3	3	3	2	1
45	3	3	2	5	5	3	5	5	1
46	1	3	2	2	3	2	2	4	1
47	3	5	4	5	5	3	4	5	5
48	1	1	1	4	4	1	4	4	4
49	3	3	2	5	4	3	5	4	1
50									
51									
52	2	3	2		3	2	1	3	5
53	1	1	1	5	4	1	4	4	1
54	2	2	1	5	3	1	4	3	4
55	4	4	2	5	2	1	5	5	4
56	2	2	4	1	2	2	3	4	4
57	3	2	5	2	3	1	2	5	4
58	3	3	2	5	2	1	3	3	5
59	1	1	1	5	2	1	3	3	3
60	1	3	4	4	5	3	5	3	4
61	1	1	2	4	3	3	3	3	3
62	1	1	1	5	3	1	4	2	3
63	4	5	2	5	3	5		4	1
64	3	1	1	2	5	3	4	4	5
65	1	1	1	5	2	1	3	5	1
66	3	3	4	3	1	1	3	3	3
67	2	2	3	5	3	3	4	3	1
68	2	1	1	5	4	2	2	4	5
69	4	4	4	5	3	2	5	5	4
70	2	2	2	1	1	1	1	1	1

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	Q24_7	Q24_8	Q24_9	Q24_10	Q24_11	Q24_12	Q24_13	Q24_14	Q39_1
36	4	1	5	1	1	1	1	1	3
37									
38	1	1	1	1	1	1	1	1	2
39	1	1	1	1	1	1	1	1	3
40	1	1	1	1	1	1	1	1	3
41	1	1	1	1	1	1	1	1	1
42	1	1	1	1	1	1	1	1	2
43									
44	2	2	1	1	1	1	1	1	4
45	1	2	5	1	1	1	1	1	2
46	1	1	1	1	1	1	1	1	2
47	1	2	2	1	1	1	1	1	1
48	1	1	1	1	1	1	1	1	3
49	1	1	4	1	1	1	1	1	2
50									
51									
52	1	1	1	1	1	1	1	1	4
53	1	1	1	1	1	1	1	1	3
54	2	2	1	1	1	1	1	1	1
55	1	1	1	2	1	1	1	1	1
56	1	1	1	1	1	1	1	1	1
57	3	1	1	1	3	1	1	1	1
58	3	3	1	1	1	1	1	1	1
59	1	1	1	1	1	1	1	1	2
60	2	1	2	1	1	1	1	1	2
61	1	1	1	1	1	1	1	1	1
62	1	1	1	1	1	1	1	1	3
63	2	3	1	1	1	1	1	2	3
64	1	1	1	2	1	1	1	1	1
65	1	1	1	1	1	1	1	1	5
66	1	1	1	1	1	1	1	1	3
67	1	1	2	1	1	1	1	1	3
68	1	1	1	1	1	1	1	1	1
69	1	1	1	1	1	1	1	1	1
70	1	1	1	1	1	1	1	1	1

	Q39_2	Q39_3	Q39_4	Q39_5	Q39_6	Q39_7	Q39_8	Q39_9	Q39_10
36	3	3	3	3	3	3	3	3	3
37									
38	2	5	5	5	3	5	5	4	3
39	3	4	2	2	2	3	2	2	3
40	3	3	3	3	3	3	3	3	3
41	1	1	5	2	1	3	3	4	3
42	4	4	2	2	2	1	2	2	2
43									
44	5	3	2	3	1	1	1	2	1
45	2	4	4	4	4	4	2	4	2
46	2	4	4	4	1	2	2	4	2
47	1	5	5	5	4	4	2	5	1
48	3	3	4	3	1	1	1	4	4
49	4	5	5	3	3	4	5	5	4
50									
51									
52	3	4	4		5	2	5	4	3
53	3	2	4	3	1	4	1	1	2
54	3	3	3	2	2	2	2	4	2
55	1	1	5	4	1	4	1	1	1
56	1	2	3	3	2	1	2	4	3
57	5	1	5	5	2	3	3	4	3
58	1	3	4	4	2	4	4	4	2
59	2	4	2	2	2	2	2	4	2
60	1	4	5	3	1	1	1	5	2
61	1	2	3	2	1	2	2	4	2
62	3	3	4	4	1	4	4	4	3
63	1	1	5	4	1	3	2	5	3
64	4	2	5	4	3	5	4	5	1
65	1	5	5	1	1	1	1	3	3
66	3	4	4	4	1	2	4	2	2
67	1	4	3	3	1	4	5	2	1
68	1	4	3	4	3	3	3	4	2
69		4	4	4	4	1	2	4	4
70	4	1	1	1	1	1	4	3	2

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	Q39_11	Q39_12	Q40_1	Q40_2	Q40_3	Q40_4	Q40_5	Q40_6	Q40_7
36	3	3	3	3	3	3	3	3	3
37									
38	2	1	2	2	2	2	2	2	4
39	4	4	2	2	3	3	2	2	2
40	3	3	3	1	1	2	1	1	1
41	2	1	1	5	4	2	5	4	3
42	2	4	4	2	2	2	2	2	4
43									
44	3	3							
45	3	2	3	3	3	3	2	4	4
46	4	4	3	2	2	2	2	1	3
47	4	2	5	1	1	4	1	5	5
48	3	4	2	2	1	2	1	4	4
49	1	1	5	1	4	4	3	3	3
50									
51									
52	2	2	5	1	4	5	2	5	5
53	4	4	1	1	2		1	1	1
54	3	2	2	2	3	3	2	3	3
55	1	1	4	2	1	1	1	4	4
56	2	2	4	1	1	4	1	2	4
57	3	3	2	2	2	4	3	2	5
58	4	2	2	1	2	4	1	2	4
59	4	3	2	2	2	2	1	4	4
60	4	1	4	4	3	5	5	5	5
61	5	2	3	2	2	2	2	2	4
62	3	4	4	2	2	2	1	4	4
63	5	5	5	1	4	4	1	3	1
64	3	1	4	4	3	3	2	4	4
65	5	5	1	1	1	1	1	1	1
66	4	3	4	3	4	4	3	4	4
67	4	4	5	1	2	3	1	4	5
68	3	2	4	3	3	3	2	2	3
69	5	1	4	2	4	2	1	2	3
70	3	4	2	1	3	4	1	1	4

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	Q41_1	Q41_2	Q41_3	Q41_4	Q42_1	Q42_2	Q42_3	Q42_4	Q42_5
36	3	3	3	3	3	3	3	3	3
37									
38	2	2	4	4	1	2	1	2	2
39	2	2	4	4	2	2	2	2	2
40	2	2	4	4	1	1	1	1	1
41	1	1	5	2	1	1	1	1	1
42	2	2	4	4	2	2	2	2	2
43									
44									
45	2	2	5	4	2	2	2	2	2
46	2	1	5	4	1	1	1	1	1
47	1	1	5	5	1	1	1	1	1
48	1	1	5	4	2	1	1	1	3
49	2	2	3	3	2	4	2	2	5
50									
51									
52	1	1	5	5	1	1	1	1	1
53	1	1	5	4	1	1	1	1	1
54	2	2	4	4	1	2	2	2	3
55	1	1	4	3	1	1	2	1	1
56	3	3	2	2	1	1	1	1	1
57	2	2	4	1	1	4	4	3	4
58	2	2	5	5	1	1	1	1	1
59	2	2	5	4	2	2	2	2	2
60	2	1	5	5	1	3	1	1	1
61	1	1	5	5	1	1	1	1	1
62	1	1	5	5	1	1	1	1	1
63	1	1	5	5	1	1	1	1	2
64	1	1	5	5	1	1	1	1	4
65	1	1	5	5	1	1	1	1	1
66	3	2	5	4	2	2	2	2	3
67	2	2	4	4	1	1	1	1	1
68	1	1	5	5	1	1	1	1	1
69	1	1	5	5	1	1	1	1	1
70	3	2	5	5	1	1	1	1	1

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	Q45_3	Q45_4	Q45_5	Q45_6	Q45_6_TEXT		Q46
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							

	Q46_TEXT	Q47	Q48	Q49.0
36			1	
37				
38			1	
39				
40			1	
41				
42				
43				
44				
45			1	
46			1	
47			1	
48			1	
49				
50				
51				
52			1	
53				
54			1	
55				
56			1	
57				
58			1	
59			1	
60				
61			1	
62			1	
63				
64			1	
65				
66				
67				
68			1	
69			1	
70			1	

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	V1	V2	V3	V4	V5
71	R 6eZAOsgsjVilvP6	Default Response Set	Anonymous		
72	R 9MEkTGRqb77UK6U	Default Response Set	Anonymous		
73	R 8CeL48xxMARq6Xi	Default Response Set	Anonymous		
74	R_1 RMuwkcW2g5tL6	Default Response Set	Anonymous		
7	R_2gGJtVg5NrplaqU	Default Response Set	Anonymous		
76	R a31hJg9TRrFTxhq	Default Response Set	Anonymous		
77	R Ov5L8iS3uiGu5ik	Default Response Set	Anonymous		
78	R 61nh48LdTnRLxdi	Default Response Set	Anonymous		
79	R 5jxw3yDsRen6XKA	Default Response Set	Anonymous		
80	R 3faqThcvpS3E4wQ	Default Response Set	Anonymous		
81	R 6Y9x9C5hADdzwcQ	Default Response Set	Anonymous		
82	R 3CTznpQco5q9fFi	Default Response Set	Anonymous		
83	R bOOLaS70uUzkaEc	Default Response Set	Anonymous		
84	R e35tr3FW490z0Y	Default Response Set	Anonymous		
85	R 6zYVGHKfK1kG8NC	Default Response Set	Anonymous		
86	R 3pyJgIRFIGERvxy	Default Response Set	Anonymous		
87	R 4SfkUbNlsjM5sHy	Default Response Set	Anonymous		
88	R eUN3aCPyvzp9vs8	Default Response Set	Anonymous		
89	R 20iBTvlelL72j4M	Default Response Set	Anonymous		
90	R eLIAdpyfhYR1pcw	Default Response Set	Anonymous		
91	R 82PJcMMHiHshzaA	Default Response Set	Anonymous		
92	R ctOvo52vwwMDr6c	Default Response Set	Anonymous		
93	R 3wtHINeicueyFe	Default Response Set	Anonymous		
94	R_eDsLZ2HWoENEPY!	Default Response Set	Anonymous		
95	R_bpB2v4qPxUVMk04	Default Response Set	Anonymous		
96	R_cZsAIIR3JxDUfL6	Default Response Set	Anonymous		
97	R 41qsYUjr3LuhcRS	Default Response Set	Anonymous		
98	R 90B11HjPuw1FIz2	Default Response Set	Anonymous		
99	R ONAGCLOdLwBinU8	Default Response Set	Anonymous		
100	R eXrgBZT3SSgEROW	Default Response Set	Anonymous		
101	R 6ScUnGTWWvzSTk\	Default Response Set	Anonymous		
102	R_dguPndxAjVEOwhS	Default Response Set	Anonymous		
103	R 85F90DFMZGOpGuo	Default Response Set	Anonymous		
104	R 6W1L1vZ7eOm4p9y	Default Response Set	Anonymous		
105	R 6RI51Z24vqYNeNC	Default Response Set	Anonymous		

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	V6	V7	V8	V9	V10	Paticipation	YrinCol	Age	Weight	Height
71		0	10-Jan ..	10-Jan ..	1	1	1	19	184	71
72		0	11-Jan ..	11-Jan ..	1	1	2	19	135	68
73		0	11-Jan ..	11-Jan ..	1	1	1	18	165	69
74		0	4-Jan- ..	4-Jan- ..	0	1	1	19	153	67
75		0	4-Jan- ..	4-Jan- ..	0	1				
76		0	11-Jan ..	11-Jan ..	1	1	2	19	178	70
77		0	11-Jan ..	11-Jan ..	1	1	4	22	135	65
78		0	11-Jan ..	11-Jan ..	1	1	2	19	200	75
79		0	11-Jan ...	11-Jan ..	1	1	3	21	160	66
80		0	4-Jan- ..	4-Jan- ..	0	1	2	20	174	71
81		0	4-Jan- ..	4-Jan- ..	0	1	1	18	165	72
82		0	5-Jan- ..	5-Jan- ..	0	2				
83		0	5-Jan- ..	5-Jan- ..	0	1	2	20	165	71
84		0	5-Jan- ..	5-Jan- ..	0	1				
85		0	13-Jan ..	13-Jan ..	1	1	1	19	160	69
86		0	13-Jan ..	13-Jan ..	1	1	1	18	143	69
87		0	14-Jan ..	14-Jan ..	1	1	2	19	133	64
88		0	14-Jan ..	14-Jan ..	1	1	1	19	167	69
89		0	15-Jan ..	15-Jan ..	1	1	2	19	155	68
90		0	9-Jan- ..	9-Jan- ...	0	1	1	19	143	67
91		0	16-Jan ..	16-Jan ..	1	1	2	19	198	68
92		0	16-Jan ..	16-Jan ..	1	1	2	19	170	70
93		0	16-Jan ..	16-Jan ..	1	1	4	22	150	68
94		0	17-Jan ..	17-Jan ..	1	1	3	20	215	69
95		0	17-Jan ..	17-Jan ..	1	1	4	21	178	72
96		0	17-Jan ..	17-Jan ..	1	1	4	21	145	65
97		0	17-Jan ..	17-Jan ..	1	1	1	19	160	69
98		0	17-Jan ..	17-Jan ..	1	1	1	18	160	68
99		0	17-Jan ..	17-Jan ..	1	1	1	18	179	70
100		0	17-Jan ..	17-Jan ..	1	1	2	20	160	67
101		0	17-Jan ..	17-Jan ..	1	1	4	21	160	69
102		0	17-Jan ..	17-Jan ..	1	1	1	18	141	67
103		0	17-Jan ..	17-Jan ..	1	1	1	18	165	69
104		0	18-Jan ..	18-Jan ..	1	1	3	20	175	68
105		0	19-Jan ..	19-Jan ..	1	1	5	22	160	68

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	Wtclasslastyr	Agestarted	Docut wt	AgeStartCutWt
71	160	14	1	15
72	125		1	16
73	152	13	1	13
74	149			
75				
76	165	12	2	15
77	125	15	1	16
78	197	11	2	14
79	149	10	1	12
80	174	15	1	19
81	157	14	1	17
82				
83	165	6	1	12
84				
85	145	13	2	16
86	133	6	1	13
87	133	12	1	15
88	145	9	1	14
89	133	10	1	14
90	130			
91	184	7	1	14
92	165	4	2	13
93	141	12	1	15
94	197	6	1	16
95	184	12	1	13
96	133	7	1	14
97	152	16	1	16
98	160	8	1	15
99	165	4	1	10
100	141	8	1	16
101	149	10	2	14
102	125	5	1	14
103	149	13	1	15
104	141	12	1	14
105	149	5	1	15

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	DesiredWt	MostWtCut	TimesCutWt
71		26	
72	133	10	15
73	157	10	
74			
75			
76	180	10	1
77	125	25	4
78	197	5	3
79	149	14	
80	174	25	5
81	157	12	4
82			
83	185	25	5
84			
85	157	5	
86	150	13	8
87	133	22	5
88	157	35	13
89	141	22	10
90			
91	184	16	15
92	165	0	0
93	141	13	
94	200	3	3
95	195	7	2
96	140	8	10
97	141	20	
98	157	3	
99	190	15	
100	141	20	14
101	165	10	
102	140	20	20
103	149	15	15
104	157	30	
105	157	13	20

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	WtFlux	PostSeasonWt	Self Perception	Restrict Food	Frame	Mother Frame
71	18	188	3	3	2	2
72	10	135	3		2	2
73	6	162	4	3	2	2
74						
75						
76	5	175	3	2	2	2
71	10	150	3	5	1	2
78	5	205	2	2	2	3
79	6	163	4	4	2	2
80	10	189	3	5	3	2
81	18	170	4	4	2	2
82						
83	5	175	3	3	2	1
84						
85	5	155	3	3	2	2
86	10	132	2	5	1	2
87	14	155	2	5	1	3
88	8	170	3	5	2	2
89	8	155	4	5	2	2
90						
91	12	205	3	5	3	1
92	5	165	3	2	2	2
93	5	145	3	4	2	2
94	5	210	4	3	2	2
95	2	193	2	5	2	2
96		147	3	4	1	1
97	10	165	4	4	2	3
98	3	172	3	5	2	2
99	15	180	3	5	2	1
100	13	165	2	5	2	2
101	10	170	3	3	2	1
102	5	145	3	4	1	2
103	10	160	3	3	2	3
104	8	175	3	4	2	3
105	7	162	3	4	2	2

Wrestling_Weight_Loss_ WO HVWT .sav

	Fathers Frame	FamilyWtProb	Injuries	Q38_1	Q38_2	Q38_3
71	2			2	3	4
72	2			2	3	4
73	2		broken radius and uln ...	5	5	5
74						
75						,
76	2		broken nose (6x), brok ...	2	2	5
77	2		broken nose	2	2	5
78	3	Heart problems	Torn acl	2	2	2
79	2		2 ACL surgeries on th ...	2	2	5
80	2		Partially tom pectoral ...	5	4	5
81	2		broke 3 bones in foot ...	4	5	5
82						
83	2	no	torn labrum muscle in ...	1	2	3
84						
85	2		3 separated shoulders ...	2	1	3
86	2		4 concussions, torn lei	1	5	5
87	2			2	5	5
88	2		Separated AC joint-rig ...	3	5	5
89	2		dislocated shoulder thi ...	2	1	4
90						
91	2		High ankle sprain, LC ...	2	1	5
92	2		Sprained Ankle and S ...	2	4	4
93	2		Back Spasms, Strain ...	2	1	1
94	3	relatives on my moms	concussion, knee spr ...	3	2	4
95	3			3	5	4
96	2	We have had many ea	Torn ligament in thumb	4	4	5
97	3	none	none	3	3	2
98	2			3	4	4
99	2			5	5	5
100	2	none	none	1	1	3
101	3	My grandfather had	shoulder, knee. thumb ...	2	4	4
102	3	My dad is slightly over	4 dislocated shoulders ...	2	4	5
103	2	none	broken sternum, collar. ..	3	4	2
104	2		3 cocussions from wre ...	1	4	4
105	2	None	none	4	5	5

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	Q38_4	Q38_5	Q11_1	Q11_2	Q11_3	Q11_4	Q11_5	Q11_6	Q11_7
71	5	2	2	1	1	2	1	1	2
72	4	2	4	3	1	3	1	1	3
73	2	2	3	3	3	4	3	3	5
74									
75									
76	5	1	4	5	1	5	1	1	1
77	4	4	4	2	2	2	2	2	4
78	3	3	3	3	3	3	3	3	3
79	2	4	3	3	1	4	4	3	2
80	5	2	4	4	2	3	2	4	3
81	5	1	5	4	1	5	2	1	5
82									
83	2	1	5	5	3	5	5	4	5
84									
85	4	2	4	2	3	4	4	1	4
86	1	2	5	5	1	5	4	1	5
87	2	2	2	2	2	3	2	3	5
88	5	2	2	1	1	2	4	1	5
89	4	2	4	4	1	1	1	1	1
90									
91	5	4	4	3	3	2	2	1	2
92	4	1	2	2	2	4	4	5	2
93	2	2	5	4	1	4	3	1	4
94	1	2	3	4	2	3	2	2	3
95	5	2	5	5	3	3	1	1	2
96	5	2	4	4	1	1	1	4	4
97	3	2	3	3	3	3	3	3	3
98	5	4	2	3	2	4	2	2	4
99	5	1	5	3	3	5	5	1	3
100	4	4	2	2	2	4	2	3	5
101	3	1	2	2	2	2	2	2	2
102	3	2	4	4	2	4	4	3	4
103	4	2	4	4	1	4	2	1	1
104	4	1	4	5	3	5	4	3	3
105	4	2	1	1	1	1	1	1	1

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	Q11_8	Q11_9	Q11 _ 10	Q11_10_TEXT	A	Q18	Q18B	Q19_1
71	1	1			1	1		
72	1	3	1		1	2	1	
73	3	1			1	2	1	
74								
75					1			
76	1	1			1	4	4	
77	2	3			1	2		
78	3	3			1	3	3	
79	1	1			1	2		
80	1	1	3		1	3		
81	1	1			1	2		
82								
83	3	3			1	1	1	
84								
85	1	1			1	1		1
86	1	1			1	3		
87	3	3			1	2		
88	2	1			1	3		
89	1	1			1	2		
90								
91	2	3			1	3		
92	2	2			1	1		1
93	1	1			1	1		1
94	2	2			1	2		
95	1	1			1	2		
96	2	3			1	2		
97	3	2			1	3		
98	2	2			1	2		
99	2	1			1	3		
100	3	4			1	2		
101	2	2	5	Myself	1	3		
102	2	2			1	3	3	
103	1	1			1	2		
104	3	3			1	2		
105	1	1	5	myself	1	1		1

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	Q19_2	Q19_3	Q19_4	Q19_5	Q19_6	Q20	Q21	Q22	Q23_1
71						1	1	1	3
72					1	2	4	2	2
73				1		2	2	2	1
74									
75									
70				1		2	5	2	1
77				1		4	2	2	1
78					1	3	2	2	4
79				1	1	2	2	2	2
80				1		3	3	3	2
81						2	2	2	1
82									
83					1	1	1	1	1
84									
85						1	1	1	1
86		1		1		2	3	3	4
87				1		3	3	3	3
88				1		4	4	3	1
89				1		2	3	3	3
90									
91					1	2	2	2	1
92						1	1	1	1
93						1	1	1	2
94				1	1	2	2	3	1
95					1	2	2	2	1
96				1		4	3	3	1
97					1	3	4	3	2
98				1		3	3	3	2
99				1		4	2	2	1
100					1	2	2	2	1
101					1	2	2	2	1
102		1		1		2	2	3	2
111					1	2	2	2	1
104				1		2	2	2	1
105						1	1	1	1

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	Q23_2	Q23_3	Q23_4	Q24_1	Q24_2	Q24_3	Q24_4	Q24_5	Q24_6
71	4	2	5	3	5	4	5	5	5
72	3	4	1	5	4	3	5	4	5
73	2	1	5		3	3	3	3	3
74									
75									
76	1	4	4	5	1	1	2	5	5
77	3	3	2	4	4	3	3	4	4
78	3	2	2	2	2	1	1	4	2
79	4	2	2	4		3	3	3	4
80	5	2	1	2	4	1	5	5	5
81	1	1	1	5	4	3	3	5	5
82									
83	1	1	1	5	4	4	1	5	5
84									
85	1	1	1	3	3	1	3	3	1
86	4	4	5	1	5	3	3	5	5
87	3	5	5	2	4	3	3	3	4
88	2	5	4	5	5	3	4	5	4
89	4	5	3	5	4	3	3	4	4
90									
91	1	1	2	5	4	1	4	5	1
92	1	1	1	5	1	1	1	4	1
93	4	2	1	2	4	3	4	5	1
94	1	1	1	5	3	1	3	3	1
95	1	1	3	2	3	1	2	3	3
96	1	4	3	4	3	3	3	5	1
97	2	4	3		4	3	4	4	4
98	2	3	2	2	3	1	3	5	4
99	4	2	3	5	5	3	3	5	5
100	1	3	2	5	3	1	4	4	1
101	3	3	3	5	2	2	3	3	1
102	4	4	5	1	5	4	5	3	2
103	1	1	1	5	4	1	4	4	1
104	3	1	3	2	5	3	5	5	3
105	1	1	1	5	4	3	3	4	1

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	Q39_2	Q39_3	Q39_4	Q39_5	Q39_6	Q39_7	Q39_8	Q39_9	Q39_10
71	1	4	4	4	1	2	3	5	4
72	3	5	4	4	1	2	2	2	1
73	5	4	4	3	1	1	1	1	3
74									
75									
76	1	2	2	5	2	1	1	5	1
77	3	4	4	4	2	3	4	4	3
78	3	3	3	3	2	3	3	3	3
79	2	4	4	4	3	2	4	3	1
80									
81	3	5	3	4	3	3	3	4	3
82									
83	3	3	3	3	3	3	3	3	3
84									1
85	3	2	2	2	1	1	1	2	3
86	4	4	5	5	1	5	5	4	5
87	3	4	5	5	4	4	5	5	4
88	5	4	5	5	1	4	2	5	2
89	4	3	4	3	2	4	4	4	3
90									
91	3	4	3	4	3	4	3	4	3
92	1	3	3	4	5	3	2	3	3
93	2	3	4	2	1	2	2	5	2
94	5	3	4	3	2	3	2	4	2
95	1	5	4	4	1	4	1	4	4
96	2	5	4	4	4	4	2	4	4
97	4	3	4	4	3	4	4	4	3
98	3	4	4	4	3	4	4	4	3
99	1	2	5	5	1	5	5	5	1
100	2	3	5	5	2	3	2	5	1
101	2	4	4	4	2	2	2	4	1
102	4	5	4	5	2	2	3	2	3
103	4	2	5	4	2	4	2	4	2
104	3	2	4	3	1	2	4	4	3
105	1	4	4	3	2	4	4	5	3

	Q39_11	Q39_12	Q40_1	Q40_2	Q40_3	Q40_4	Q40_5	Q40_6	Q40_7
71	3		4	1	1	3	1	1	4
72	2	2	2	2	4	3	2	3	4
73	2	3	5	2	2	4	2	2	5
74									
75									
76	1	4	1	1	2	5	1	1	4
77	4	4	3	1	2	2	2	2	2
78	3	3	3	3	3	3	3	3	3
79	2	3	3	4	4	2	4	5	4
80									
81	1	1							
82									
83	3	3							
84									
85	3	4	2	2	3	4	3	4	4
86	1	1	2	5	4	4	5	5	5
87	1	1	4	1	2	4	2	2	4
88	1	1	2	1	1	5	1	4	5
89	3	3	2	2	2	2	2	2	4
90									
91	3	2	3	2	2	2	2	3	4
92	3	2	4	1	1	3	1	1	1
93	3	1	2	1	1	3	1	1	4
94	3	2	3	1	1	1	1	1	3
95	2	1	2	4	4	4	4	5	5
96	4	1	5	2	5	5	1	1	5
97	3	3	4	2	3	4	2	3	4
98	3	4	2	2	3	3	3	3	4
99	1	1	1	2	2	2	5	4	1
100	3	1	5	1	1	3	1	1	4
101	2	2	4	2	4	2	1	1	4
102	2	2	2	2	3	4	2	3	4
103	2	2	2	1	4	4	1	1	4
104	2	3	4	2	3	4	2	2	2
105	4	1	2	1	2	3	1	3	2

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	Q41_1	Q41_2	Q41_3	Q41_4	Q42_1	Q42_2	Q42_3	Q42_4	Q42_5
71	1	1	5	5	1	1	1	1	1
72	2	2	4	3	2	2	2	2	2
73	3	3	3	3	3	3	3	3	3
74									1
75									
76	1	1	4	4	1	1	1	1	1
77	2	2	4	2	2	2	2	2	2
78	3	3	3	3	3	3	3	3	3
79	1	1	4	4	1	1	1	2	1
80									
81									
82									
83									
84									
85	1	2	5	5	1	1	1	1	1
86	1	1	5	5	2	5	1	3	1
87	2	2	5	5	2	3	2	2	2
88	2	2	5	4	2	5	2	2	5
89	2	2	4	3	2	2	2	2	2
90									
91	2	1	5	5	1	1	1	1	1
92	2	2	2	3	1	1	1	1	1
93	1	1	4	4	1	1	1	1	1
94	1	1	5	4	3	3	2	2	3
95	1	1	3	5	1	1	1	1	1
96	1	2	5	5	1	3	2	2	2
97	2	2	4	4	2	2	2	2	3
98	2	2	4	4	2	4	2	2	2
99	1	1	3	3	1	5	1	1	1
100	1	1	5	5	1	1	1	1	1
101	2	2	5	5	1	1	1	1	1
102	2	3	3	3	1	3	2	3	3
103	1	2	4	4	1	1	1	1	1
104	1	3	3	3	2	2	1	2	2
105	1	1	5	5	1	1	1	1	1

Wrestling_ Weight_Loss_ WO HVWT .sav

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	Q45_3	Q45_4	Q45_5	Q45_6	Q45_6_TEXT	Q46
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						2
97						
98						
99						
100						
101						
102						
103						
104						
105						

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	Q46_TEXT	Q47	Q48	Q49.0
71				
72			1	
73			1	
74				
75				
76			1	
77			1	
78				
79				
80				
81				
82				
83				
84				
85			1	
86				
87			1	
88				
89			1	
90				
91				
92				
93			1	
94				
95			1	
96		Junior Year in college	3	It was the mose debilit...
97				
98				
99				
100			1	
101				
102			1	
103				
104				
105				

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	V1	V2	V3	V4	V5
106	R aeH4YzuU2mlWkXq	Default Response Set	Anonymous		
107	R_2aaugxyfKmYVC41	Default Response Set	Anonymous		
108	R_agXzpI52uCkTON6	Default Response Set	Anonymous		
109	R_agBC6yexH20siCU	Default Response Set	Anonymous		
110	R_5yy1VUw95RqpsLG	Default Response Set	Anonymous		
111	R_00Y1hNSzOBpyVUw	Default Response Set	Anonymous		
112	R-ezYlIFBkhe6ShUY	Default Response Set	Anonymous		
113	R_2tUGj5a4YCZpDp2	Default Response Set	Anonymous		
114	R eX8rj70BEhxETwE	Default Response Set	Anonymous		
115	R aYt2YH53b9tnrKI	Default Response Set	Anonymous		
116	R 8ujc6DQPBtnqmfW	Default Response Set	Anonymous		
117	R_3PDekRfM518BqYc	Default Response Set	Anonymous		
118	R_6zCH4Q20CLNNXZq	Default Response Set	Anonymous		
119	R byoOuUdeHzOCPgo	Default Response Set	Anonymous		
120	R 08R6UdWgl27d304	Default Response Set	Anonymous		
121	R 3KR5wHXCjHkTOBm	Default Response Set	Anonymous		
122	R 6PxADT6zTR3tQGg	Default Response Set	Anonymous		
123	R 41 PCYfNfYThzqNm	Default Response Set	Anonymous		
124	R 4H0190xHy604jHu	Default Response Set	Anonymous		
125	R OBqj8uABUEsdOmO	Default Response Set	Anonymous		
126	R 5BU2ZBIXb2UYtVi	Default Response Set	Anonymous		
127	R brXdPphQOZXBQAA	Default Response Set	Anonymous		
128	R 81Z5V7KjUjP04GE	Default Response Set	Anonymous		
129	R 9mFXn6KJzCXmjSk	Default Response Set	Anonymous		
130	R 79ipc7ulzz4VlaO	Default Response Set	Anonymous		
131	R bpBwcZ9NrassiMI	Default Response Set	Anonymous		
132	R eQeOyzzZTbRBhM8	Default Response Set	Anonymous		
133	R 41Kv61GUa3EXCiU	Default Response Set	Anonymous		
134	R 5bQn2qG4MOxLQZ€	Default Response Set	Anonymous		
135	R 5vVoWWFR1mtaktu	Default Response Set	Anonymous		
136	R_cUZOTvHqOlqifha	Default Response Set	Anonymous		
137	R_3QuBhvp T60NZr1 y	Default Response Set	Anonymous		
138	R 2aE6aZwxkr1 m49S	Default Response Set	Anonymous		
139	R_B7FEsG56vgzCEIO	Default Response Set	Anonymous		
140	R bQNleOUii1 NXtoo	Default Response Set	Anonymous		

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	V6	V7	V8	V9	V10	Particip ation	YrinCol	Age	Weight	Height
106		0	20-Jan..	20-Jan ..	1	1	3	21	145	66
107		0	20-Jan ..	20-Jan ..	1	1	1	18	155	66
108		0	22-Jan ..	22-Jan ..	1	1	2	19	125	66
109		0	23-Jan ..	23-Jan ..	1	1	1	19	141	67
110		0	24-Jan ..	24-Jan ..	1	1	1	18	167	72
111		0	24-Jan ..	24-Jan ..	1	1	2	20	129	66
112		0	17-Jan ..	17-Jan ..	0	1	1	19	163	66
113		0	24-Jan ..	24-Jan ..	1	1	3	21	180	70
114		0	24-Jan ..	24-Jan ..	1	1	4	22	160	68
115		0	17-Jan ..	17-Jan ..	0	1	1	19	142	67
116		0	25-Jan ..	25-Jan ...	1	1		19	177	68
117		0	26-Jan ..	26-Jan ..	1	1	4	22	171	65
118		0	26-Jan ..	26-Jan ..	1	1	2	19	170	71
119		0	26-Jan ..	26-Jan ..	1	1	2	20	150	67
120		0	26-Jan ..	26-Jan ..	1	1	1	19	154	68
121		0	26-Jan ..	26-Jan ..	1	1	1	18	203	71
122		0	26-Jan ..	26-Jan ..	1	1	1	18	170	66
123		0	26-Jan ..	26-Jan ...	1	1		19	170	70
124		0	26-Jan ..	26-Jan ..	1	1	1	18	180	72
125		0	26-Jan ..	26-Jan ..	1	1	2	19	172	66
126		0	26-Jan ...	26-Jan ..	1	1	3	20	172	72
127		0	26-Jan ..	26-Jan ..	1	1	1	18	140	57
128		0	26-Jan ..	26-Jan ..	1	1	3	21	196	71
129		0	26-Jan ...	26-Jan ..	1	1	1	18	167	69
130		0	26-Jan ..	26-Jan ..	1	1	1	19	200	72
131		0	26-Jan ..	26-Jan ..	1	1	4	21	132	66
132		0	26-Jan ..	26-Jan ..	1	1	2	19	189	71
133		0	26-Jan ..	26-Jan ..	1	1	2	19	132	66
134		0	26-Jan ..	26-Jan ..	1	1	1	19	180	70
135		0	26-Jan ..	26-Jan ...	1	1	2	19	195	71
136		0	26-Jan ...	26-Jan ...	1	1		23	155	67
137		0	26-Jan ..	26-Jan ...	1	1	4	22	167	66
138		0	26-Jan ..	26-Jan ..	1		4	22	205	75
139		0	20-Jan ...	20-Jan ..	0	1	3	20	142	67
140		0	20-Jan ..	20-Jan ..	0	1	2	20	160	67

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	Wtclasslastyr	Agestarted	DoUCut wt	AgeStartCutWt
106	133	14	1	15
107	135	8	1	14
108	125	12	1	14
109	130	15	1	17
110	171	17	1	18
111	125		1	10
112	140	13	1	15
113	170	12	1	14
114	149	7	1	13
115	125			
116	171	5	2	
117	157	14	1	14
118	149	14	1	14
119	141	7	1	13
120	140	15	1	15
121	184	13	1	14
122	189	12	1	18
123	165	6	1	15
124	171	12	1	17
125	165	12	1	15
126	157	11	1	13
127	133	7	1	14
128	184	12	1	12
129	145	13	1	15
130	189	15	1	15
131	125	10	1	20
132	171	13	1	14
133	125	16	1	18
134	152	8	1	15
135	200	10	1	14
136	149	5	1	19
137	157	15	1	16
138	197	13	1	18
139	141	14	1	14
140	149	16	1	17

	DesiredWt	MostWtCut	TimesCutWt
106	133	14	20
107	149	10	5
108	125	5	2
109	141	10	8
110	157	0	0
111	125	16	15
112	141	23	
113		10	10
114	149	15	13
115			
116	174	3	3
117	157	23	4
118	180	17	4
119	141	10	10
120	149	13	8
121	184	20	15
122	157	3	2
123	165	15	3
124	174	14	6
125	161	15	12
126	165	16	
127	133	12	1
128	220	6	
129	149	17	
130	185	10	5
131	125	5	8
132	184	10	
133	132	11	3
134	157	8	5
135	195	15	10
136	165	8	10
137	157	15	16
138	225	18	10
139	114	22	15
140	157	9	0

	Wt Flux	PostSeasonWt	Self Perception	RestrictFood	Frame	Mothers Frame
106	7	140	3	5	1	3
107	8	150	3	4	2	3
108	4	132	3	4	1	2
109	8	150	3	4	2	2
110	1	168	3	4	2	2
111		143	3	5	1	2
112	10	157	3	4	2	2
113		183	3	2	2	2
114	7	165	3	4	2	2
115						
116		177	3	3	2	2
117	15	179	3	4	2	1
118	10	170	3	3	1	2
119	10	160	3	4	2	2
120		160	2	4	2	2
121	15	205	3	4	3	2
122	3	185	3	3	2	3
123	5	185	3	2	2	2
124	8	188	3	3	3	2
125	15	167	3	3	2	2
126	10	183	2	4	2	3
127	2		3	5	2	2
128	5	205	3	3	3	2
129	12	164	3	4	2	2
130	12	205	3	3	3	2
131	6	152	3	3	1	2
132	5	193	3	3	3	2
133	6	143	3	3	1	2
134	8	170	4	3	2	1
135	10	200	3	4	3	3
136	7	158	3	3	2	2
137	12	172	3	4	2	2
138	1	215	3	3	3	2
139	10	165	3	3	1	2
140	0	160	3	3	2	2

	Fathers Frame	FamilyWtProb	Injuries	Q38_1	Q38_2	Q38_3
106	2		Various sprained knee ...	2	3	3
107	2	Mom took steroids to ...	concussions, broken r ...	2	2	3
108	2			1	1	1
109	2			2	5	4
110	3	no weight problems ot...	broken wrist, stress fr. ...	2	2	4
111	3	n/a	2 torn MCLs, 2 torn P ...	1	1	1
112	2	none	none	4	4	4
113	2		knees	1	2	2
114	2		Concussions. Various ...	4	3	5
115						
116	2	My dad is a little over	Yes, I rolled my ankle ...	4	4	5
117	2	My family is very fit	Sprain knee	1	2	4
118	3			3	3	4
119	2			2	2	2
120	2	none	two torn ligaments, rig ...	2	4	4
121	3	Fat	sprain knee, broken foot	2	2	2
122	3	no	hyper extended elbow, ...	2	3	3
123	2			1	1	2
124	2			4	2	4
125	2	N/A	Shoulder Injury, fractur ...	2	1	2
126	2		torn minsicus, fracture ...	3	3	5
127	2	n/a	n/a	1	2	5
128	1		sprained my left foot,	4	4	1
129	3	N/A	Tore my labrum last ...	1	4	4
130	2	none	dislocated knee-cap a ...	1	2	1
131	2		sprang mcl, sprang lcl..	1	3	2
132	2			1	3	2
133	2	None	Few strains in back or ...	2	2	4
134	3	No	I pulled my hamstring ...	1	1	2
135	2			2	1	1
136	2	My Grandfather had d...	Ankle, elbow, and kne ...	4	4	3
137	2			3	2	2
138	2			3	2	1
139	3					
140	3	Yes they are overweight	Both knees have had t...	2	2	1

	Q38_4	Q38_5	Q11_1	Q11_2	Q11_3	Q11_4	Q11_5	Q11_6	Q11_7
106	2	2	4	3	2	3	2	1	4
107	4	3	4	2	3	4	3	2	3
108	3	1	1	1	1	4	1	1	4
109	5	4	4	4	3	5	3	1	5
110	4	2	4	4	3	5	3	3	4
111	1	1	5	5	5	5	1	1	5
112	3	2	4	4	1	3	3	1	1
113	3	2	4	4	4	5	5	4	5
114	5	4	4	4	4	2	4	3	4
115									
116	5	2	4	4	4	4	5	3	4
117	4	1	4	3	4	4	2	1	3
118	4	3	4	2	1	1	1	1	1
119	5	4	4	2	2	4	4	1	4
120	4	2	4	4	4	5	5	4	5
121	2	2	3	3	3	3	3	3	3
122	4	2	4	4	4	5	4	3	5
123	5	2	4	4	3	4	5	3	4
124	2	2	5	5	1	4	1	1	4
125	4	2	4	4	2	5	4	4	3
126	4	1	4	4	2	4	2	1	1
127	5	1	3	3	1	1	1	1	3
128	3	4	4	4	3	4	4	1	4
129		2	4	4	1	5	3	1	5
130	2	1	4	1	2	3	2	2	4
131	5	3	3	3	3	3	3	3	4
132	5	2	4	1	1	1	2	1	5
133	2	1	3	1	1	1	1	1	4
134	5	1	2	3	3	4	5	4	4
135	2	2	4	4	3	4	5	4	5
136	2	2	3	4	3	3	4	3	4
137	3	1	3	3	2	4	1	3	5
138	4	3	4	3	4	3	3	2	5
139									
140	4	4	4	2	1	1	1	5	4

	Q11_8	Q11_9	Q11_10	Q11_10_TEXT	A	Q18	Q18B	Q19_1
106		1	1		1	1		
107	3	3	3		1	2		
108	1	1			1	2		
109	1	3			1	3	2	
110	3	3			1	1		
111	1	5			1	3		
112	1	1			1	3		
113	4	5			1	2	1	
114	3	3			1	2		
115								
116	4	3	3		1	3		
117	3	1			1	2		
118	1	1	1		1	1	1	
119	1	1	1		1	2		
120	5	4			1	2		
121	3	3	3		1	2	1	1
122	3	3			1	1		1
123	4	3	3		1	1		1
124	1	1			1	1		
125	3	3			1	1	1	1
126	1	1			1	3		
127	1	1	1		1	1		1
128	4	2			1	3		
129	4	2	1		1	2		
130	1	3			1	2	1	
131	3	3	3		1	4	1	
132	1	1			1	3	3	
133	1	1			1	2		
134	4	3	3		1	2	2	
135	3	3			1	2		
136	3	3	3		1	3		
137	3	3			1	4	4	
138	2	2			1	2		
139								
140	4	4			1	2		

Wrestling_Weight_Loss_WO HVWT.sav

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	Q19_2	Q19_3	Q19_4	Q19_5	Q19_6	Q20	Q21	Q22	Q23_1
106									3
107				1	1	3	3	3	3
108					1	3	2	3	2
109					1	2	2	2	1
110					1	1	2	4	1
111	1	1		1		2	2	2	1
112				1		2	2	3	1
113	1	1	1			3	2	2	3
114				1		2	2	2	1
115									
116				1		4	2	2	1
117				1		3	3	2	3
118					1	2	1	1	2
119					1	2	2	2	2
120				1		2	3	2	1
121						1	1	1	3
122						1	1	1	1
123						1	1	1	1
124						1	1	1	1
125						1	1	1	1
126					1	2	2	2	1
127						1	1	1	1
128					1	2	2	2	1
129	1					3	3	2	2
130				1		2	3	2	3
131					1	2	2	2	1
132					1	2	3	2	1
133					1	2	2	2	1
134				1		2	3	2	2
135					1	2	2	2	1
136						2	2	2	1
137				1		2	3	2	1
138				1	1	2	2	2	1
139									
140					1	2	2	2	2

Wrestling_Weight_Loss_WO HVWT.sav

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	Q23_2	Q23_3	Q23_4	Q24_1	Q24_2	Q24_3	Q24_4	Q24_5	Q24_6
106	3	4	3	2	5	4	4	5	5
107	4	2	5	2	3	3	4	4	2
108	2	2	2	5	3	1	3	3	1
109	3	2	4	5	5	1	2	4	2
110	3	3	1	5	1	1	1	5	4
111	1	1	1	5	5	5	5	5	5
112	2	2	3	5	4	3	4	5	1
113	4	4	4	2	2	1	2	3	2
114	1	1	1	4	2	3	5	4	4
115									
116	2	2	1	2	1	1	2	3	1
117	5	5	2	1	2	2	3	4	3
118	2	2	2	2	4	1	5	4	4
119	2	2	1	4	3	3	4	4	3
120	2	3	2	4	1	1	2	4	4
121	3	3	3	3	3	3	3	3	3
122	1	1	2	2	1	1	3	4	5
123	1	1	1	3		1	1	5	3
124	3	3	2	2	3	1	1	4	5
125	2	2	2	4	2	1	1	4	4
126	1	3	2	4	3	1	3	5	1
127	1	1	1	5		1	4	5	5
128	2	5	1	4	3	2	4	4	4
129	5	3	1	1	5	3	3	5	5
130	3	3	3	4	3	3	1	5	1
131	1	1	1	5	4	1	3	4	4
132	4	4	1	4	3		3	4	5
133	1	1	1	2	1	1	2	2	1
134	1	2	3	3	3	2	4	4	5
135	2	3	4	4	1	1	3	3	4
136	1	2	3	5	2	1	2	3	2
137	4	5	3	4	3	2	3	5	5
138	2	3	4	4	3	2	3	4	4
139									
140	2	1	3						

Wrestling_Weight_Loss_WO HVWT.sav

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	Q24_7	Q24_8	Q24_9	Q24_10	Q24_11	Q24_12	Q24_13	Q24_14	Q39_1
106	3	3	1	1	1	1	1	1	4
107	2	1	1	1	1	1	1	1	4
108	1		1	1	1	1	1	1	1
109	1	3	2	1	1	1	1	1	4
110	1	1	1	1	1	1	1	1	3
111	5	5	5	5	1	1	1	3	5
112	4	3	1	1	1	1	1	1	
113	1	1	2	1	1	1	1	1	1
114	1	1	1	1	1	1	1	1	1
115									
116	1	1	1	1	1	1	1	1	1
117		1	2	1	2	1	1	1	2
118	1	1	1	1	1	1	1	1	3
119	1	3	1	1	1	1	1	1	4
120	2	1	1	1	1	1	1	1	4
121	3	3	3	3	3	3	3	3	3
122	1	1	1	1	1	1	1	1	2
123	1	1	5	1	1	1	1	1	1
124	1	1	1	1	1	1	1	1	1
125	2	2	3	1	1	1	1	1	2
126	1	2	1	1	1	1	1	1	1
127	5	1	1	1	1	1	1	1	1
128	1	1	1	1	1	1	1	1	4
129	4	4	1	1	1	1	1	2	1
130	1	1	1	1	1	1	1	1	4
131	1	3	1	1	1	1	1	1	2
132	1	2	1	1	1	1	1	1	2
133	1	1	1	1	1	1	1	1	2
134	1	1	1	1	1	1	1	1	4
135	1	1	1	1	1	1	1	1	2
136	1	1	1	1	1	1	1	1	3
137	1	1	1	1	1	1	1	1	2
138	1	1	2	1	1	1	1	2	1
139									
140									

Wrestling_Weight_Loss_WO HVWT.sav

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	Q39_2	Q39_3	Q39_4	Q39_5	Q39_6	Q39_7	Q39_8	Q39_9	Q39_10
106	4	4	5	5	2	4	4	5	4
107	4	3	4	3	1	2	3	3	2
108	1	5	1	4	4	2	1	4	1
109	4	3	4	4	2	3	4	5	3
110	3	4	4	5	5	4	3	5	4
111	5	5	5	5	1	5	5	5	1
112									
113	1	1	3	2	2	2	2	2	2
114	1	5	5	4	2	3	2	4	2
115									
116	2	3	3	3	3	3	3	3	3
117	2	2	2	3	2	4	4	3	5.
118	3	2	4	2	2	2	2	4	2
119	4	4	4	3	1	1	1	3	1
120	4	5	5	5	2	2	5	5	3
121	3	3	3	3	3	3	3	3	3
122	2	3	4	4	3	3	4	4	1
123	1	1	4	4	1	1	1	4	1
124	1	1	4	3	1	1	1	1	1
125	4	3	4	4	3	2	2	3	2
126	1	5	2	4	1	1	5	4	1
127	1	3	3	3	3	3	1	1	1
128	3	3	4	3	1	4	4	3	3
129	4	4	4	4	1	4	4	4	1
130	4	3	4	4	1	3	3	4	3
131	2	4	4	4	3	2	3	2	2
132	1	4	5	4	1	1	3	2	I'
133	2	3	3	3	1	1	2	3	3
134	4	4	5	3	2	2	3	4	4
135	4	4	4	4	2	2	4	4	3
136	2	3	3	3	1	3	3	3	2
137	1	4	1	3	1	1	4	4	1
138	1	4	2	3	4	1	4	3	1
139									
140									

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Wrestling_ Weight_Loss_ WO HVWT.sav

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	Q39_11	Q39_12	Q40_1	Q40_2	Q40_3	Q40_4	Q40_5	Q40_6	Q40_7
106	1	1	3	2	2	2	4	2	2
107	3	2	1	1	4	4	1	2	4
108	4	4	4	1	4	4	1	1	4
109	2	1	1	3	4	4	4	5	5
110	3	2	4	1	4	4	1	2	3
111	1	1	5	1	5	5	1	1	5
112									
113	2	2	4	3	2	3	2	2	3
114	4	3	1	1	1	1	1	1	4
115									
116	3	3	3	2	2	2	2	1	3
117	1	1	3	1	1	1	1	1	4
118	4	2	4	2	4	3	2	3	3
119	4	4	4	4	4	4	3	4	4
120	4	4	2	2	2	4	2	2	5
121	3	3	3	3	3	3	3	3	3
122	4	4	3	2	4	4	2	4	4
123	1	4	4	2	4	2	2	2	2
124	5	5	5	1	3	3	2	1	1
125	2	4	2	2	4	4	2	4	3
126	1	4	1	1	1	4	1	4	4'
127	1	1	1	1	1	1	1	1	5
128	4	2	4	4	5	5	5	4	4
129	2	5	2	1	1	3	1	1	1
130	2	3	4	2	:3	3	2	:3	3
131	2	2	3	3	3	3	3	4	3
132	3	4	5	3	4	5	2	5	5
133	3	3	4	2	2	3	1	1	4
134	4	4	4	1	2	4	2	2	5
135	4	3	2	2	2	3	2	3	4
136	4	4	2	3	2	3	2	4	4
137	4	4	3	1	1	1	1	1	1
138	5	4	2	3	2	2	3	1	4
139									
140									

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Wrestling_Weight_Loss_WO HVWT.sav

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	Q41_1	Q41_2	Q41_3	Q41_4	Q42_1	Q42_2	Q42_3	Q42_4	Q42_5
106	2	2	5	5	1	2	1	1	3
107	1	1	5	4	1	1	1	1	1
108	1	1	3	3	1	1	1	1	1
109	2	4	4	4	1	3	1	1	1
110	2	2	4	4	2	2	2	2	2
111	1	4	5	1	1	5	1	5	5
112									
113	2	2	5	5	2	2	2	2	2
114	1	1	4	4	1	1	1	1	1
115									
116	1	1	5	5	1	1	1	1	1
117	2	2	4	3	1	4	1	1	1
118					2	2	2	2	2
119	1	1	5	5	1	1	1	1	3
120	2	2	4	4	1	1	1	1	1
121	3	3	3	3	3	3	3	3	3
122	2	2	4	3	2	2	2	2	2
123	1	1	5	5	1	1	1	1	1
124	1	1	5	3	1	1	1	1	1
125	1	1	4	4	2	2	2	2	2
126	2	2	4	4	1	1	1	1	1
127	1	1	5	3	1	1	1	1	1
128	4	2	5	4	2	2	2	2	2
129	1	1	4	4	1	4	1	1	3
130	2	2	4	4	1	3	3	3	3
131	2	2	4	4	2	2	2	2	2
132	1	5	5	3	1	3	1	1	4
133	1	1	5	5	1	1	1	1	1
134	2	4	4	3	1	3	1	1	4
135	2	2	4	3	1	1	1	1	1
136	2	2	4	3	1	1	1	1	1
137	1	1	J	3	1	1	1	1	1
138	1	1	5	5	1	1	1	1	4
139									
140									

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Wrestling_Weight_Loss_WO HVWT.sav

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	Q42_6	Q43_1	Q43_2	Q43_3	Q43_4	Q43_5	Q44	Q45_1	Q45_2
106	1	1	1	1	1	2	2		
107	1	2	2	2	2	2	2		
108	1	1	1	1	1	1	2		
109	1	1	1	1	1	1	2		
110	2	2	2	2	2	2	2		
111	4	1	5	1	5	5	2		
112									
113	2	1	1	1	1	1	2		
114	1	1	1	1	1	2	2		
115									
116	1	1	1	1	1	1	2		
111	1	4	5	1	1	4	2		
118	2	2	2	2	2	2	2		
119	1	1	3	1	1	1	2		
120	1	1	2	1	1	2	2		
121	3	3	3	3	3	3	2		
122	2	3	4!	s	3	3	2		
123	1	1	1	1	1	1	2		
124	1	1	1	1	1	1	2		
12"	2	2	2	2	2	2	2		
126	1	1	4	1	1	1	2		
127	1	1	5	1	1	1	2		
128	2	2	2	2	2	2	2		
129	3	2	2	2	2	2	2		.1
130	2	2	3	3	3	3	2		
131	2	2	2	2	2	2	2		
132	1	1	5	1	1	1	2		
133	1	1	2	1	1	1	2		
134	2	4	5	2	2	5	2		
135	1	1	2	1	1	1	2		
136	1	1	1	1	1	1	2		
137	1	1	1	1	1	1	2		
138	1	1	4	1	1	1	2		
139									
140									

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Wrestling_Weight_Loss_WO HVWT.sav

67185

	Q45_3	Q45_4	Q45_5	Q45_6	Q45_6_TEXT	Q46
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						

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Wrestling_Weight_Loss_WO HVWT.sav

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	Q46_TEXT		Q47	Q48	Q49.0
106					
107				1	
108					
109				1	
110					
111					
112					
113					
114				1	
115					
116				1	
117				1	
118					
119				1	
120					
121					
122					
123					
124					
125				1	
126					
127				1	
128					
129				1	
130				1	
131					
132				1	
133					
134					
135					
136				1	
137					
138					
139					
140					

Wrestling_Weight_Loss_WO HVWT.sav

	V1	V2	V3	V4	V5
141	R beCIN9rUS6wN2Mk	Default Response Set	Anonymous		
142	R d5Au540rVYQhfoM	Default Response Set	Anonymous		
143	R 1 KUrVjW1 SFOkodK	Default Response Set	Anonymous		

Wrestling_ Weight_Loss_ WO HVWf.sav

	V6	V7	V8	V9	V10	Participat ion	YrinCoI	Age	Weight	Height
141		0	21-Jan ..	21-Jan	0		1	13	165	73
142		0	22-Jan ..	22-Jan ..	0	1	1	19	170	
143		0	1-Feb- ..	1-Feb- ..	1	1	4	21	184	69

Wrestling_Weight_Loss_ WO HVWT.sav

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	Wtclasslastyr	Agestarted	Do cut	AgeStartCutWt
141	152	8	1	14
142	145	5	2	15
143	174	8	1	17

Wrestling_Weight_loss_WO HVWT.sav

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	DesiredWl	MosIWlCul	TimesCulWl
141	165	15	14
142	175	10	10
143	160	17	7

Wrestling_Weight_Loss_ WO HVWT.sav

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	WtFlux	PostSeasonWt	Self Perception	Restrict Food	Frame	Mothers Frame
141	10	178	3	3	2	3
142	4	160	3	1	2	3
143	10	190	4	4	3	3

Wrestling_Weight_Loss_WO HVWT.sav

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	Fathers Frame	FamilyWtProb	Injuries	Q38_1	Q38_2	Q38_3
141	2	none	bursa sac burstis, nee ...	2	2	3
142	3	My family is		2	1	2
143	3		I have had seveal injuri ...	2	2	2

Wrestling_ Weight_Loss_ WO HVWT.sav

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	Q38_4	Q38_5	Q11_1	Q11_2	Q11_3	Q11_4	Q11_5	Q11_6	Q11_7
141	2	2	4	4	3	3	3	3	3
142	3	1	4	4	1	2	1	1	1
143	4	2	4	3	1	4	1	1	5

Wrestling_ Weight_Loss_WO HVWT .sav

	Q11_8	Q11_9	Q11_10	Q11_10_TEXT	A	Q18	Q188	Q19_1
141	3	3	3		1	3	4	
142	1	1			1	1	1	1
143	1	1	1		1	4	4	

Wrestling_Weight_Loss_WO HWWT.sav

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	Q19_2	Q19_3	Q19_4	Q19_5	Q19_6	Q20	Q21	Q22	Q23_1
141				1		2	2	3	2
142					1	1	1	1	1
143		1	1			3	3	4	1

Wrestling_Weight_Loss_ WO HVWT.sav

	Q23_2	Q23_3	Q23_4	Q24_1	Q24_2	Q24_3	Q24_4	Q24_5	Q24_6
141	3	3	4	2	2	1	2	2	2
142	2	1	1	1	1	1	1	2	1
143	5	5	4	2	3	3	3	4	4

Wrestling_Weight_Loss_ WO HVWT.s

[illegible]

restling_Weight_Loss_WO HWf.sav

	Q39_2	Q39_3	Q39_4	Q39_5	Q39_6	Q39_7	Q39_8	Q39_9	Q39_10
141									
142	3	2	2	2	2	2	2	2	2
143	5	4	5	5	5	5	2	5	I

Wrestling_Weight_Loss_ WO HVWT.sav

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	Q39_11	Q39_12	Q40_1	Q40_2	Q40_3	Q40_4	Q40_5	Q40_6	Q40_7
141									
142	5	5							
143	1	1	5	2	5	5	1	1	5

Wrestling_Weight_Loss_ WO HVWT.sav

	Q41_1	Q41_2	Q41_3	Q41_4	Q42_1	Q42_2	Q42_3	Q42_4	Q42_5
141									
142									
143	4	5	1	1	1	5	5	1	5

Wrestling_ Weight_Loss_ WO HVWT.sav

	Q42_6	Q43_1	Q43_2	Q43_3	Q43_4	Q43_5	Q44	Q45_1	Q45_2
141	.								
142									
143	4	1	5	5	5	5	2		

Wrestling_Weight_Loss_WO HVWT.sav

	Q46_TEXT	Q47	Q48	Q49
141				
142				
143				

Wrestling_Weight_Loss_WO HVWT.sav

	Q45_3	Q45_4	Q45_5	Q45_6	Q45_6_TEXT	Q46
141						
142						
143						